



(Copy for OCR)

Form No. 102 (January, 1993)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately, and legibly. Use ink or typewriter. Place 'X' before the appropriate answer in items 2, 5a, 5b, and 12c.)		REMARKS/ANNOTATION
Province <u>CEBU</u>		Registration No. <u>20100114883</u>		
City/Municipality <u>CEBU CITY</u>				
1. NAME (First) (Middle) (Last) <u>ZAIJAN ACCEL</u> <u>BAGUS</u> <u>MARTIZANO</u>				
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) <u>30</u> <u>May</u> <u>2010</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No. (Street, Barangay) <u>CHONG HUA HOSPITAL, FUENTE OSMENA BLVD., CEBU CITY, CEBU</u>				
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		5b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify		
6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		7. WEIGHT AT BIRTH <u>2000</u> grams		
8. MAIDEN NAME (First) (Middle) (Last) <u>GINALYN</u> <u>PACRES</u> <u>BAGUS</u>				
9. CITIZENSHIP <u>FILIPINO</u>		10. RELIGION <u>ROMAN CATHOLIC</u>		
11. Total number of children born alive: <u>ONE</u>		12. No. of children still living including this birth: <u>ONE</u>		
13. No. of children born alive but are now dead: <u>NONE</u>				
14. OCCUPATION <u>HOUSEWIFE</u>		15. Age at the time of this birth: <u>21</u> years		
16. RESIDENCE (House No., Street, Barangay, (City/Municipality) (Province) <u>MACOPA EXTENSION STREET BASAK PARDO CEBU CITY, CEBU</u>				
17. NAME (First) (Middle) (Last) <u>BENJIE</u> <u>ARAYAN</u> <u>MARTIZANO</u>				
18. CITIZENSHIP <u>FILIPINO</u>		19. RELIGION <u>ROMAN CATHOLIC</u>		
20. OCCUPATION <u>SALES PROMOTER</u>		21. Age at the time of this birth: <u>21</u> years		
22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>DECEMBER 22, 2009 / ALOGUINSAN, CEBU</u>				
23. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Hilot (Traditional Midwife) <input type="checkbox"/> Others (Specify)				
24. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>06:40 PM</u> o'clock am/pm on the date stated above.				
Signature: <u>[Signature]</u> Name in Print: <u>CARMELITA N. ERICTA, M.D.</u> Title or Position: <u>ATTENDING PHYSICIAN</u>		Address: <u>C/O CHONG HUA HOSPITAL, FUENTE OSMENA BLVD., CEBU CITY, CEBU</u> Date: <u>MAY 31, 2010</u>		
Signature: <u>[Signature]</u> Name in Print: <u>BENJIE ARAYAN MARTIZANO</u> Relationship to the child: <u>FATHER</u>		Address: <u>MACOPA EXTENSION STREET, BASAK PARDO, CEBU CITY, CEBU</u> Date: <u>MAY 31, 2010</u>		
25. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>ELIZER SAPIYA DELA CERNA</u> Title or Position: <u>MEDICAL RECORDS CLERK</u> Date: <u>MAY 31, 2010</u>		26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>OSCAR B. MOLO</u> Title or Position: <u>REGISTRATION OFFICER IV</u> Date: <u>JUN 04 2010</u>		

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BEST POSSIBLE IMAGE

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Carmelita N. Ericta
CARMELITA N. ERICTA