



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 10a.)

REMARKS/ANNOTATION

Province _____
City/Municipality MANILA

Registry No. 9830947

CHILD

1. NAME (First) (Middle) (Last)
BARBARA TRIA CARME GWASON RUIZ

2. SEX X 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
11 April 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
MATERNITY CENTER STA. ANA SAFELITE 2325 Pedro Gil St., Sta. Ana, Manila

5a. TYPE OF BIRTH X 1 Single X 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.)

d. WEIGHT AT BIRTH 3084 grams

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9830947

48 7

49 50

56 34164

61

62 64

68 7 69

70 72 74

78 79 26

81

86 87

88 570 89 2950

93

94 706

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
SHIRLEY CARINO CARME GWASON

7. CITIZENSHIP Filipino

8. RELIGION Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION Pharmacist

11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1633 I. Singalong St. Pasig, Manila

FATHER

13. NAME (First) (Middle) (Last)
MISERIO CASPILLO RUIZ

14. CITIZENSHIP Filipino

15. RELIGION Roman Catholic

16. OCCUPATION Barber

17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
November 24, 1990 / Sacred Heart Parish Ch. Kivalan Iligan City

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 3:35 p.m. o'clock any/pm on the date stated above.

Signature _____ Address 2325 Pedro Gil St. Sta. Ana, Manila
Name in Print Rory Y. Cruz
Title or Position Physician Date April 11, 1996

20. INFORMANT
Signature Sorrey Address 1633 I. Singalong St. Pasig, Manila
Name in Print Shirley C. Ruiz
Relationship to the child Mother Date April 12, 1996

21. PREPARED BY
Signature _____
Name in Print Colleen S. Galves
Title or Position Registered Midwife
Date April 12, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print _____
Title or Position _____
Date ATTY. LUCENA C. DACION
City Civil Registrar

APR 29 1996

Caridad