



(Copy for OCR)

Form No. 102 (January 1983) (To be accomplished in quadruplicate)

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 15a.)

Province	CEBU	Registry No.	97-1489
City/Municipality	CEBU-CITY		

CHILD	1. NAME (First, Middle, Last)	NINA ROUNCHIE BOLO ANTIPUESTO	
	2. SEX	1. Male <input type="checkbox"/> 2. Female <input checked="" type="checkbox"/>	
	3. DATE OF BIRTH (Day, Month, Year)	15 JANUARY 1997	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province)	CEBU PUER. CENTER & MAT. HOUSE, INC. CEBU-CITY CEBU	
MOTHER	5a. TYPE OF BIRTH	1. Single <input checked="" type="checkbox"/> 2. Twin <input type="checkbox"/> 3. Triplet, etc. <input type="checkbox"/>	
	5b. IF MULTIPLE BIRTH, CHILD WAS	1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Others, Specify	
	c. BIRTH ORDER (Five births and total deaths including this delivery) (first, second, third, etc.)	5th	
	d. WEIGHT AT BIRTH (grams)	3200	
FATHER	6. MAIDEN NAME (First, Middle, Last)	DELLA ESTILLORE BOLO	
	7. CITIZENSHIP	FILIPINO	
	8. RELIGION	R.C.	
	9a. Total number of children born alive	b. No. of children still living including this birth	c. No. of children born alive but are now dead
OTHER	10. OCCUPATION	HOUSEWIFE	
	12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province)	N. BACALSO AVE. CEBU-CITY CEBU	
	13. NAME (First, Middle, Last)	GERARDO RANILY ANTIPUESTO	
	14. CITIZENSHIP	FILIPINO	
FATHER	16. OCCUPATION	SRGT. COUNCILOR	
	17. AGE at the time of this birth (years)	35	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the bank.)	AUGUST 11, 1981. CEBU-CITY	
	19a. ATTENDANT	1. Physician <input checked="" type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify)	
OTHER	19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.)	10:31P.M. 0	
	Signature	ANNABEL GUSILLO, M.D. CEBU PUER. CENTER & MAT.	
	Name in Print	ANNABEL GUSILLO	
	Title or Position	PHYSICIAN	
OTHER	20. INFORMANT	N. BACALSO AVE. CEBU-CITY	
	Signature	DELLA B. ANTIPUESTO	
	Name in Print	DELLA B. ANTIPUESTO	
	Relationship to the child	MOTHER	
OTHER	21. PREPARED BY	MARIANELLA BERNARDEZ	
	Signature	MARIANELLA BERNARDEZ	
	Name in Print	MARIANELLA BERNARDEZ	
	Title or Position	CLERK	
OTHER	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	ELYSA A. ABADILLA	
	Signature	ELYSA A. ABADILLA	
	Name in Print	ELYSA A. ABADILLA	
	Title or Position	CLERK	

REMARKS/ANNOTATION

For CRG USE ONLY
 Registration Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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01/21/97

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BEST POSSIBLE IMAGE

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 SK 900544340

BReN
 02217-A97BF0Z-5

Documentary
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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority