PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102 (Revised January 1993) (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 19a.)

Province: CEBU
City/Municipality: CEBU CITY
Registry No.: 97 26990

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**CHILD**

1. NAME (First) RAZEL JANE (Middle) (Last) VENERACION
2. SEX: 1 Male XX 2 Female
3. DATE OF BIRTH (day) (month) (year): 17 OCTOBER 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): CHONG HUA HOSPITAL (City/Municipality): CEBU CITY (Province): CEBU
5a. TYPE OF BIRTH: XX 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: 1 First 2 Second 3 Others, Specify
c. BIRTH ORDER (live births and total deaths including this delivery) (first, second, third, etc.): SECOND
d. WEIGHT AT BIRTH: 2,950 grams

**MOTHER**

6. MAIDEN NAME (First) JEAN VERTRUDE (Middle) GABOC (Last) VENERACION
7. CITIZENSHIP: FILIPINO
8. RELIGION: ROMAN CATHOLIC
9a. Total number of children born alive: TWO
b. No. of children still living including this birth: TWO
c. No. of children born alive but are now dead: NONE
10. OCCUPATION: NONE
11. Age at the time of this birth: 21 years
12. RESIDENCE (House No., Street, Barangay): 87 LOGARTA ST. (City/Municipality): CEBU CITY (Province): CEBU

**FATHER**

13. NAME (First) FLORIAN RYAN (Middle) RANGI (Last) MENDOZA
14. CITIZENSHIP: FILIPINO
15. RELIGION: ROMAN CATHOLIC
16. OCCUPATION: UNEMPLOYED
17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): NOT MARRIED

19a. ATTENDANT: XX 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 9:04 A.M. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: EUFEMIA C. COYOCA, M.D.
Title or Position: Attending Physician
Address: c/o Chong Hua Hospital, Fuente Osmeña, Cebu City
Date: October 20, 1997

20. INFORMANT
Signature: [signature]
Name in Print: JEAN VERTRUDE G. VENERACION
Relationship to the child: MOTHER
Address: 87 Logarta Street, Cebu City
Date: October 20, 1997

21. PREPARED BY
Signature: [signature]
Name in Print: MA. MAGDALENA M. RIAS
Title or Position: Clerk Record Section
Date: October 20, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: EVELYN A. ABADILLA
Title or Position: [illegible]
Date: NOV 13 1997

41: 97 26 990
48: 1
49: 2 50: 171097
56: 22178
61: 1
62: 02 64: 2950
66: 1 69: 1
70: 02 72: 02 74: 00
78: 220 79: 21
81: 22178
86: 1 87: 1
88: 220 91: 28
94: 1
95: 1 11/13/97

06873-2C-400MCM-00269-BI001
BEST POSSIBLE IMAGE

BReN
02217-A97VH0W-2

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