



Form No. 102
Revised January 1988

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Fill out completely, accurately and legibly. Use ink or greenball.
Place X before the appropriate answer in Items 2, 5a, 6b and 10a.

Province Cebu Registry No. 1009-2674
City/Municipality Lapu-Lapu City

1. NAME (First) (Middle) (Last)
DEVRIENNE ZOE SEMILLA SATINITIGAN

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (Day) (Month) (Year)
11 March 2009

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Grengia Maternity House, Gun-ob, Lapu-Lapu City, Cebu

5a. TYPE OF BIRTH 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) 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,600 grams

6. MAIDEN NAME (First) (Middle) (Last)
FABRIENNE MARIE CHIANG SEMILLA

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 None 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sea side, Ibo Lapu-Lapu City Cebu

13. NAME (First) (Middle) (Last)
BENON BOOC SATINITIGAN

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION None 16. Age at the time of this birth: 21 years

15. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Administration of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Other (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:41 A.M. of clock any/pm on the date stated above.

Signature [Signature] Address Grengia Maternity House, Gun-ob, Lapu-Lapu City
Name in Print HAZEL M. GRENGIA, M.D. Date March 11, 2009
Title or Position Attending Physician

20. INFORMANT
Signature [Signature] Address Sea Side, Ibo, Lapu-Lapu City
Name in Print FABRIENNE MARIE O. SEMILLA Date March 11, 2009
Relationship to the child Mother

21. PREPARED BY
Signature [Signature]
Name in Print FILICENA B. BAGDIO
Title or Position Midwife
Date March 11, 2009

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print GIPRIANO D. FLORES
Title or Position CITY CIVIL REGISTRAR
Date MAR 11 2009

05988-6F-400ADT-00722-B1002

BEST POSSIBLE IMAGE

BRn
02226-B09EB09-2

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.