



Form No. 102
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 19a.)

Province CEBU Registry No. 98-23731
City/Municipality CEBU CITY

1. NAME (First) DIANNE DILL (Middle) COMDE (Last) MOZO

2. SEX X 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
9 SEPTEMBER 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CEBU PARR. CENTER & NAT. BOWEN INC. CEBU CITY CEBU

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 total deaths including this delivery) (first, second, third, etc.)
PROGNO d. WEIGHT AT BIRTH 3220 grams

6. MAIDEN NAME (First) (Middle) (Last)
MA. TERESSA ENONA COMDE

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION CASHIER 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SANZO RINGO QUIZO MANDAVE CITY CEBU

13. NAME (First) (Middle) (Last)
RICHARD JUDATA MOZO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SALESMAN 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 23, 1996 - CEBU CITY

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:32 A.M. o'clock
am/pm on the date stated above.

Signature PARLA SABADO, M.D. Address CEBU PARR. CENTER AND NAT. BOWEN INC. CEBU CITY
Name in Print PARLA SABADO Date SEPTEMBER 9, 1998
Title or Position PHYSICIAN

20. INFORMANT Signature MA. TERESSA MOZO Address 330. NTP QUIZO MANDAVE CITY
Name in Print MA. TERESSA MOZO Date SEPTEMBER 9, 1998
Relationship to the child MOTHER

21. PREPARED BY Signature STANLEY E. LIGOR
Name in Print CEBREG
Title or Position SEPTEMBER 9, 1998
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature LOVELLA N. DE JITO
Name in Print REGISTRATION OFFICER II
Title or Position SEP 25 1998
Date

REMARKS/ANNOTATION

For OCRG USE ONLY:
Registration Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

31 9823731

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33 2 090998

34 22172

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37 02 02 00

38 323 23

39 22301

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41 451 25

42 1 11/23/96 22178

43 1 09/25/98