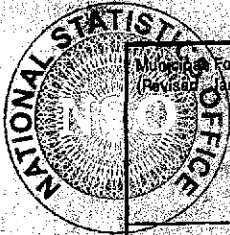


(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in duplicate)

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 typewriter. Place 'X' before the appropriate answer. (R. Rules 2, 5a, 5b, and 19a)

Province CEBU Registry No. 95-74143  
City/Municipality CEBU CITY

1. NAME (First) TAN MICHAEL (Middle) CORNEL (Last) QUEROGA

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (day) (month) (year) 5 SEPTEMBER 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
CEBU CITY MEDICAL CENTER CEBU 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 fetal deaths including this delivery) 3rd (first, second, third, etc.) d. WEIGHT AT BIRTH 2880 grams

6. MAIDEN NAME (First) JOCELYN (Middle) VILLARTA (Last) CORNEL

7. CITIZENSHIP FIL. 8. RELIGION R.C.

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 1

10. OCCUPATION NONE 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
73 MM T. VILLA ST. CEBU CITY CEBU

13. NAME (First) DANITO (Middle) ANTIO (Last) QUEROGA

14. CITIZENSHIP FIL. 15. RELIGION R.C.

16. OCCUPATION HELPER 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 12, 1992-ALCOY, CEBU

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  4 Hilos (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 1:05 o'clock am/pm on the date stated above

Signature Aster R. Trosvaivalardi Address N. BACALSO AVENUE  
Name in Print ASTER R. TROSVAVILARDI City/Municipality CEBU CITY  
Title or Position N.D. Date SEPTEMBER 25, 1995

20. INFORMANT  
Signature Jocelyn Queroqa Address 73 MM T. VILLA ST.  
Name in Print JOCELYN QUEROGA City/Municipality CEBU CITY  
Relationship to the child MOTHER Date SEPTEMBER 25, 1995

21. PREPARED BY  
Signature Justina D. Claudio Address \_\_\_\_\_  
Name in Print JUSTINA D. CLAUDIO City/Municipality \_\_\_\_\_  
Title or Position D.R. NURSE Date SEPTEMBER 25, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature Nida A. Nunez Address \_\_\_\_\_  
Name in Print NIDA A. NUNEZ City/Municipality \_\_\_\_\_  
Title or Position CLERK III Date OCT 17 1995

For OCRG USE ONLY  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 95 74143

48 1

49 1 50 250795

56 22178

61 1

62 23 64 2880

68 1 69 1

70 23 72 02 74 01

76 220 79 26

81 9 21 78

84 1 87 1450

88 531 91 26

93 1 061292

94 1 2200

95 1 101795