



(Copy for OCRG)

National Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH				
Province: <u>CEBU</u> City/Municipality: <u>CEBU CITY</u>		Registry No. <u>45-7733</u>		For OCRG USE ONLY: Population Reference No.:
<b>1. NAME</b> (First) (Middle) (Last) <b>SALARITAN</b>		<b>2. SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
<b>3. DATE OF BIRTH</b> (day) (month) (year) <u>3 APRIL 1995</u>		<b>4. PLACE OF BIRTH</b> (Hospital/Clinic/Institution) (City/Municipality) (Province) <u>CENT CITY MEDICAL CENTER CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
<b>5a. TYPE OF BIRTH</b> <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		<b>5b. IF MULTIPLE BIRTH, CHILD WAS</b> <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
<b>6. BIRTH ORDER</b> (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>		<b>7. WEIGHT AT BIRTH</b> <u>2770</u> grams		41
<b>8. MAIDEN NAME</b> (First) (Middle) (Last) <u>AMORILINA VILLARIN SALARITAN</u>		<b>9. CITIZENSHIP</b> <u>FIL.</u>		42
<b>10. RELIGION</b> <u>R.C.</u>		<b>11. No. of children still living including this birth:</b> <u>1</u>		43
<b>12. No. of children born alive:</b> <u>1</u>		<b>13. No. of children born alive but are now dead:</b> <u>0</u>		44
<b>14. OCCUPATION</b> <u>NONE</u>		<b>15. Age at the time of this birth:</b> <u>21</u> years		45
<b>16. RESIDENCE</b> (House No., Street, Barangay) (City/Municipality) (Province) <u>123 G. H. BASA ST. CENT CITY CEBU</u>		<b>17. NAME</b> (First) (Middle) (Last) <u>UNKNOWN</u>		46
<b>18. CITIZENSHIP</b> <u>N.A.</u>		<b>19. RELIGION</b> <u>N.A.</u>		47
<b>20. OCCUPATION</b> <u>N.A.</u>		<b>21. Age at the time of this birth:</b> <u>N.A.</u> years		48
<b>22. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				49
<b>23a. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				50
<b>23b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				51
Signature: <u>Rosalina L. Salatin</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		52
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		53
<b>24. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>25. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		54
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				55
<b>26. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				56
<b>26b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				57
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		58
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		59
<b>27. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>28. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		60
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				61
<b>29. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				62
<b>29b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				63
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		64
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		65
<b>30. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>31. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		66
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				67
<b>32. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				68
<b>32b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				69
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		70
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		71
<b>33. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>34. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		72
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				73
<b>35. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				74
<b>35b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				75
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		76
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		77
<b>36. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>37. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		78
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				79
<b>38. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				80
<b>38b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				81
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		82
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		83
<b>39. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>40. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		84
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>				85
<b>41. ATTENDANT</b> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				86
<b>41b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>2:35</u> o'clock am/pm on the date stated above.				87
Signature: <u>[Signature]</u> Name in Print: <u>ROSALINA SALATIN</u> Title or Position: <u>N.D.</u>		Address: <u>CENT CITY MEDICAL CENTER CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		88
Signature: <u>Amorilina Salaritan</u> Name in Print: <u>AMORILINA SALARITAN</u> Relationship to the child: <u>MOTHER</u>		Address: <u>123 G. H. BASA ST. CEBU CITY</u> Date: <u>APRIL 3, 1995</u>		89
<b>42. PREPARED BY</b> Signature: <u>[Signature]</u> Name in Print: <u>ANGELA D. CLAUDIO</u> Title or Position: <u>D.R. NURSE</u> Date: <u>APRIL 3, 1995</u>		<b>43. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature: <u>[Signature]</u> Name in Print: <u>NUNEA</u> Title or Position: <u>III</u> Date: <u>APR 2 1995</u>		90

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MR. ESTER R. ORCULLA  
Chief, Occurrence Management Division  
07/31/2011 05:20:48 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS (RENOLGEN I. SATO AND AMORILINA V. SALARITAN) ON MARCH 31, 1999 AT CARCAR, CEBU. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: RENNA SALARITAN SATO

2120

*Amorilina Salaritan*  
CARMELITA N. FLORES