



(Copy for OCRG)

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 <u>Cebu</u>		Registry No. <u>96-709</u>
City/Municipality <u>Lapu-Lapu</u>		
1. NAME (First) (Middle) (Last) WILFRED DEIPARINE MEDRANO		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 16 February 1996
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) OME Lapu-Lapu City Cebu		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Twin <input type="checkbox"/> 3. Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Others, Specify
6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1		6. WEIGHT AT BIRTH (grams) 3475
7. MAIDEN NAME (First) (Middle) (Last) FERDINANDA PABELLO DEIPARINE		
8. CITIZENSHIP Filipino		8. RELIGION R. Cath.
9a. Total number of children born alive: 1	9b. No. of children still living including this birth: 1	9c. No. of children born alive but are now dead: 0
10. OCCUPATION Housewife		11. Age at the time of this birth: 29 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) P.M. Dinataga St., Lapu-Lapu City Cebu		
13. NAME (First) (Middle) (Last) JOSELITO TUMULAK MEDRANO		
14. CITIZENSHIP Filipino		15. RELIGION R. Cath.
16. OCCUPATION Employee-S.M.C.		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.) May 6, 1995 - <i>Lapu-Lapu</i> <i>St. Mary's</i> <i>Church</i>		
19a. ATTENDANT <input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input checked="" type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilote (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 7:45 P.M. o'clock <input type="checkbox"/> a.m./p.m. on the date stated above.		
Signature <i>[Signature]</i> Name in Print PASITA PATALINGOG Title or Position Midwife-OME		Address Lapu-Lapu City Date February 16, 1996
20. INFORMANT Signature <i>[Signature]</i> Name in Print FERDINANDA D. MEDRANO Relationship to the child Mother		Address P.M. Dinataga St. Lapu-Lapu City Date February 16, 1996
21. PREPARED BY Signature <i>[Signature]</i> Name in Print LESPEDRO SUTIZ Title or Position Clere-OME Date February 16, 1996		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print ELIZA D. YLORIO Title or Position CITY CIVIL REGISTRAR Date FEB. 19, 1996

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2020-A96CG02-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 96 02 75 9

42 1 16 02 96

43 2 2 26 9

44 0 1 3 1 7 5

45 1 1

46 1 1 1900

47 X 2 0 3 8

48 2 0 6 9

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