

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)
Republic of the Philippines
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 18a.)

Province CEBU Registry No. 94-6409
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
MA. BLESILA EDILON VESTIL

2. SEX XX 1 Male XX 2 Female
3. DATE OF BIRTH (day) (month) (year)
24 MARCH 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XX 1 Single XX 2 Twin XX 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS XX 1 First XX 2 Second XX 3 Others, Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) FIRST
d. WEIGHT AT BIRTH 3250 grams

6. MAIDEN NAME (First) (Middle) (Last)
EPIEDA RIGANGRA EDILON

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: ONE
b. No. of children still lying including this birth: ONE
c. No. of children born alive but are now dead: NONE

10. OCCUPATION BUSINESSWOMAN 11. Age at the time of this birth: 33 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
627 A.C. Padilla Street, Mangalag, Cebu City, Cebu

13. NAME (First) (Middle) (Last)
MIGUEL PAEZ VESTIL

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION ELECTRICAL ENGINEER 17. Age at the time of this birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JANUARY 30, 1992, CEBU CITY, CEBU

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:17 P.M. o'clock am/pm on the date stated above.

Signature: [Signature] Address: c/o Chong Hua Hospital
Name in Print: ARLENE R. GANSE, M.D. Fuente Osmeña, Cebu City
Title or Position: Attending Physician Date: March 26, 1994

20. INFORMANT
Signature: [Signature] Address: 627 A.C. Padilla Street
Name in Print: EPIEDA EDILON VESTIL Mangalag, Cebu City
Relationship to the child: MOTHER Date: March 25, 1994

21. PREPARED BY
Signature: [Signature]

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature]

REMARKS/ANNOTATION

FOR OCGR USE ONLY
Population Reference No. 10

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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