PHILIPPINE STATISTICS AUTHORITY

(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

1080

(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
City/Municipality: Badian

Registry No: 96-576

**REMARKS/ANNOTATION**

**FOR CSSO USE ONLY**
Population Reference No.: 2307-A96PX02-7

**TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR**

## CHILD

1. NAME: (First) CHELLE MAE (Middle) ISALES (Last) EMETERIO

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 31 (month) July (year) 1996

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Badian District Hospital (City/Municipality) Badian (Province) Cebu

5a. TYPE OF BIRTH: X 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) (first, second, third, etc.): First

d. WEIGHT AT BIRTH: 2.8 kg ___ grams

## MOTHER

6. MAIDEN NAME: (First) Virginia (Middle) Garciano (Last) Isales

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housekeeper

11. Age at the time of this birth: 21 years

12. RESIDENCE: (House No., Street, Barangay) Lambug (City/Municipality) Badian (Province) Cebu

## FATHER

13. NAME: (First) Pedro (Middle) Carbonilla (Last) Emeterio Jr.

14. CITIZENSHIP: Filipino

15. RELIGION: Roman Catholic

16. OCCUPATION: Construction Worker

17. Age at the time of this birth: 22 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): February 17, 1996 - Pob., Caputian, Davao del Norte

19a. ATTENDANT: X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (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 2:32 A.M. o'clock am/pm on the date stated above.

Signature: E.Berque
Name in Print: INELDA C. ELLUE, M.D.
Title or Position: Medical Officer IV
Address: Pob., Badian, Cebu
Date: August 5, 1996

20. INFORMANT

Signature: Virginia I. Emeterio
Name in Print: VIRGINIA I. EMETERIO
Relationship to the child: Mother
Address: Lambug, Badian, Cebu
Date: August 1, 1996

21. PREPARED BY

Signature:
Name in Print: NOVA L. CAÑONIGO
Title or Position: Nurse I
Date: August 1, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature:
Name in Print: VIGASIA M. BASOY
Title or Position: Mun. Civil Registrar
Date: 8/7/96

06395-CB-400SJV-01338-BI001

BEST POSSIBLE IMAGE

BReN
02207-A96PX02-7

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General