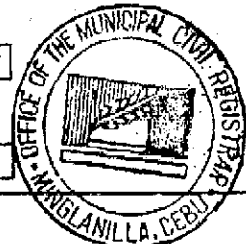


(Copy for OCRG)

Municipal 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 (Fill out completely, accurately and legibly. Use ink or typewriter. Place checkmarks before the appropriate answer in items 2, 5a, 5b and 19a.)				
Province <u>CEBU</u> City/Municipality <u>MINGLANILLA</u>		Registry No. <u>20081008</u>		For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="checkbox"/> 70081008 48 <input type="checkbox"/> 1 49 50 <input type="checkbox"/> 1 <input type="checkbox"/> 770608 56 <input type="checkbox"/> 770077 61 <input type="checkbox"/> 1 62 64 <input type="checkbox"/> 01 <input type="checkbox"/> 7750 68 69 <input type="checkbox"/> 1 <input type="checkbox"/> 1 70 72 74 <input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 00 78 79 <input type="checkbox"/> 220 <input type="checkbox"/> 23 81 <input type="checkbox"/> 77609 86 87 <input type="checkbox"/> 1 <input type="checkbox"/> 1 88 91 <input type="checkbox"/> 430 <input type="checkbox"/> 00 93 <input type="checkbox"/> 1 94 <input type="checkbox"/> 1
1. NAME <u>JAN FREDRIK</u> (Middle) <u>DELMIGUEZ</u> (Last) <u>ALIMENTO</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
3. DATE OF BIRTH (day) (month) (year) <u>27 MAY 2008</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>MINGLANILLA DISTRICT HOSPITAL MINGLANILLA CEBU</u>		
5a. TYPE OF BIRTH <input 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 (five births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		7. WEIGHT AT BIRTH <u>2750</u> grams		
8. MAIDEN NAME (First) (Middle) (Last) <u>MERIAN</u> <u>C.</u> <u>DELMIGUEZ</u>		9. CITIZENSHIP <u>FILIPINO</u> 8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>1</u>		9b. No. of children still living including this birth: <u>1</u>		
9c. No. of children born alive but are now dead: <u>0</u>		10. OCCUPATION _____		
11. Age at the time of this birth: <u>23</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>LAWA-AN II, TALISAY CITY CEBU</u>		
13. NAME (First) (Middle) (Last) <u>FREDD</u> <u>O.</u> <u>ALIMENTO</u>		14. CITIZENSHIP <u>FILIPINO</u> 15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>DOCKING FABRICATOR</u>		17. Age at the time of this birth: <u>22</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Nonmarriage and Submission of Parents (inly at the back).				
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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 _____ o'clock _____ am/pm on the date stated above. <u>MINGLANILLA DISTRICT HOSPITAL</u>				
Signature <u>STANLEY A. ENRIQUETA, M.D.</u> <u>MINGLANILLA, CEBU</u> Name in Print <u>STANLEY A. ENRIQUETA</u> Address <u>MAY 27, 2008</u> Title or Position _____ Date _____		20. INFORMANT Signature <u>MERIAN C. DELMIGUEZ</u> <u>CEBU</u> Name in Print <u>MERIAN C. DELMIGUEZ</u> Address <u>MAY 27, 2008</u> Relationship to the child _____ Date _____		
21. PREPARED BY Signature <u>ZENALDA C. JAKOSALEM</u> Name in Print <u>ZENALDA C. JAKOSALEM</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>JUN 06 2008</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		



05255-72-400VGF-00511-BI004

BEST POSSIBLE IMAGE

BReN

02232-B08JT01-1

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General