(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

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.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Cebu City
Registry No: 95-24799

For OCRG USE ONLY
Population Reference Number

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

97 9 7 2 4 5 9 9

CHILD

1. NAME: (First) JOHN MICHAEL (Middle) (Last) MADERA

2. SEX: X 1 Male ____ 2 Female

3. DATE OF BIRTH: (day) 25 (month) Sept. (year) 1995

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) St. Anthony Mother & Child Hospital, Basak, San Nicolas, Cebu City (City/Municipality) (Province)

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): 4th (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2977 grams

MOTHER

6. MAIDEN NAME: (First) Basilia (Middle) Abatayo (Last) Madera

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 4

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 1

10. OCCUPATION: Employee

11. Age at the time of this birth: 32 years

12. RESIDENCE: (House No., Street, Barangay) Doña Maria Punta Princesa, Lahugan, Cebu City (City/Municipality) (Province)

FATHER

13. NAME: (First) UNKNOWN (Middle) (Last)

14. CITIZENSHIP: N.A.

15. RELIGION: N.A.

16. OCCUPATION: N.A.

17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT APPLICABLE

19a. ATTENDANT
X 1 Physician X 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 11:55 A.M. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: MA. TERESA G. GINES, M.D.
Title or Position: Medical Officer III
Address: SAMCH - Basak, San Nicolas, Cebu City
Date: ____

20. INFORMANT
Signature: [signature]
Name in Print: Basilia A. Madera
Relationship to the child: mother
Address: Doña Maria, Punta Princesa, Lahugan, Cebu City
Date: Sept. 25, 1995

21. PREPARED BY
Signature: [signature]
Name in Print: JACQUELINE S. OPPURA
Title or Position: Clerk I
Date: Sept. 25, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NIDA A. NUNEZ
Title or Position: CLERK III
Date: OCT 16 1995

97 2 1 7 8

97 4 4 4 4 4
4 4 4 4 4
10169

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BEST POSSIBLE IMAGE

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GK600281963

BReN
02217-A95SR15-6

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