



Copy No. 0000

Form No. 102
January 1989

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

All the information furnished on this form is for the use of the Office of the Civil Registrar General and is not to be used for any other purpose.

Province <u>Cebu</u>		Registration No. <u>2030007972</u>	
City/Municipality <u>Cebu City</u>			
1. NAME First <u>AGUIRRA</u> Middle <u>YELA</u> Last <u>DEGUIO</u>		For CGRS USE ONLY Registration No. _____	
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	3. DATE OF BIRTH Day <u>20</u> Month <u>March</u> Year <u>2010</u>		
4. PLACE OF BIRTH Municipality/City/Province (City/Municipality) (Province) <u>Cebu Doctors' University Hospital, Cebu City Cebu</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Multiple		5b. PARITY AT BIRTH <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other (Specify)	
6. BIRTH ORDER <u>Second</u> (Specify first, second, third, etc.)		7. WEIGHT AT BIRTH <u>2,700</u> grams	
8. MAIDEN NAME First <u>Carmel</u> Middle <u>Indocan</u> Last <u>GIYE</u>		9. RELIGION <u>Roman Catholic</u>	
10. OCCUPATION <u>Medical representative</u>		11. Age at last marriage <u>25</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>225-F San Jacinto st., Mabina Central Cebu City Cebu</u>			
13. NAME First <u>Jarosl</u> Middle <u>Jarosl</u> Last <u>DEGUIO</u>		14. CITIZENSHIP <u>Filipino</u>	
15. OCCUPATION <u>Sales consultant</u>		16. RELIGION <u>Roman Catholic</u>	
17. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, state date and place of acknowledgment of filiation at the back.) <u>Not Applicable</u>			
18a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Other (Specify)			
18b. CERTIFICATION OF BIRTH I hereby certify that the information on this certificate is true and correct as far as I know. Date <u>March 20, 2010</u>			
Signature _____ Name in Print <u>Marlene M. Magallon</u> Title or Position <u>Attending Physician</u>		Address <u>Cebu Doctors' University Hospital, Cebu City</u> Date <u>March 20, 2010</u>	
Signature _____ Name in Print <u>Carmel S. Gije</u> Relationship to the child <u>Mother</u>		Address <u>225 F San Jacinto st., Mabina central, Cebu City</u> Date <u>March 20, 2010</u>	
21. PREPARED BY Signature _____ Name in Print <u>Edith M. Pineda</u> Title or Position <u>Registrar General</u> Date <u>March 20, 2010</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>OCORIN</u> Title or Position _____ Date <u>March 20, 2010</u>	