(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY

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 X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province: Cebu
City/Municipality: Cebu City
Registry No.: 95-12783

For OCRG USE ONLY: Registration No.

CHILD

1. NAME: (First) CHERRY ROSE (Middle) SABERON (Last) ABAYA
2. SEX: ____ 1 Male X 2 Female
3. DATE OF BIRTH: (day) 30 (month) MAY (year) 1995
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Cebu Doctors' Hospital (City/Municipality) Cebu City (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) 1st. (first, second, third, etc.)
d. WEIGHT AT BIRTH: 2968 grams

MOTHER

6. MAIDEN NAME: (First) Ana Marielisa (Middle) Gonsales (Last) Saberon
7. CITIZENSHIP: Filipina
8. RELIGION: Catholic
9a. Total number of children born alive: 01
b. No. of children still living including this birth: 01
c. No. of children born alive but are now dead: ____
10. OCCUPATION: Housewife
11. Age at the time of this birth: 20 years
12. RESIDENCE: (House No., Street, Barangay) 18-C San Miguel St. (City/Municipality) Cebu City (Province) Cebu

FATHER

13. NAME: (First) Rodrigo (Middle) Bautista (Last) Abaya, Jr.
14. CITIZENSHIP: Filipino
15. RELIGION: Catholic
16. OCCUPATION: Cutter
17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
February 18, 1995 - Mabolo, Cebu City

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 11:17 Am o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: [illegible], M.D.
Title or Position: Attending Physician
Address: Cebu Doctors' Hospital, Gorordo Blvd., Cebu City
Date: May 30, 1995

20. INFORMANT
Signature: [signature]
Name in Print: ANA MARIELISA S. ABAYA
Relationship to the child: Mother
Address: 18-C San Miguel St., Cebu City
Date: May 30, 1995

21. PREPARED BY
Signature: [signature]
Name in Print: Rolly B. Ringlerio
Title or Position: Medical records clerk
Date: May 30, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: NILDA A. TUNAC
Title or Position: CLERK-IV
Date: JUN 1 1995

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BEST POSSIBLE IMAGE

BReN
[02217-A95KW0W-8]

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.