(Copy for OCRG)

Form No. 102 (To be accomplished in typewriter)
January 1993

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

Fill out completely, accurately and legibly. Do not erase or overwrite.
Place X before the appropriate answer in items 3, 5a, 5b and 9b.

Province: CEBU
City/Municipality: CEBU CITY
Registry No. 96-9096

REMARKS/ANNOTATION

CHILD

1. NAME (First) (Middle) (Last): MARY JOY ANN FELIPE SEBATA
2. SEX: ___ 1 Male X 2 Female
3. DATE OF BIRTH (Day) (Month) (Year): 19 APRIL 1996
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CEBU CITY MEDICAL CENTER CEBU CITY CEBU
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Other (Specify)
c. BIRTH ORDER (For twins and triplets state birth order including this delivery): First (Second, third, etc.)
d. WEIGHT AT BIRTH: 3.000 kilograms grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last): MARIETA TAGBOK FELIPE
7. CITIZENSHIP: FILIPINO
8. RELIGION: ROMAN CATHOLIC
9a. Total number of children born alive: 2
b. No. of children still living including this child: 2
c. No. of children born alive but now dead: 0
10. OCCUPATION: HOUSE WIFE
11. Age at the time of this birth: 19 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 42 F. LORENZO ST. CEBU CITY CEBU

FATHER

13. NAME (First) (Middle) (Last): ROMEO LABRADOR SEBATA
14. CITIZENSHIP: FILIPINO
15. RELIGION: ROMAN CATHOLIC
16. OCCUPATION: TRICYCLE DRIVER
17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity on the back.)
CEBU CITY, 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 CEBU on the date stated above.
Signature: [signature]
Name in Print: DEVORAH SUPERVISOR
Title or Position:
Address: CEBU CITY MEDICAL CENTER CEBU CITY
Date: APRIL 19, 1996

20. INFORMANT
Signature: [signature]
Name in Print: MARIETA SEBATA
Relationship to the child: MOTHER
Address: 42 F. LORENZO ST. CEBU CITY
Date: APRIL 19, 1996

21. PREPARED BY
Signature: [signature]
Name in Print: MA. ANTONETTE SERRANO
Title or Position: DEO III
Date: APRIL 19, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print: LISA A. [illegible]
Title or Position: CLERK III
Date: APR 2

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority