

Copy for OCRG

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.)

Province Cebu Registry No. 2005 14661
City/Municipality CEBU CITY

REMARKS/ANNOTATION
DELAYED REGISTRATION

1. NAME (First) (Middle) (Last)
MICHAEL JOY ROCHA
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
31 May 1992

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)

5a. TYPE OF BIRTH 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) (first, second, third, etc.)
d. WEIGHT AT BIRTH 3720 grams

6. MAIDEN NAME (First) (Middle) (Last)
REBECCA ROCHA

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 1

10. OCCUPATION Housewife 11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Savang Calero Cebu City Cebu

13. NAME (First) (Middle) (Last)
MADRID LUERTO ROCHA

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Driver 17. Age at the time of this birth: 26 years

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

19a. ATTENDANT 4 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 12:00 pm o'clock
am/pm on the date stated above.

Signature [Signature] Address U. Reyes St., Cebu City
Name in Print DELEA S. [Signature]
Title or Position HLIEN Date APRIL 5, 2005

20. INFORMANT Rebecca P. Parcon
Signature [Signature] Address Savang Calero, Cebu City
Name in Print REBECCA P. PARCON
Relationship to the child Mother Date MAY 05, 2005

21. PREPARED BY Rebecca P. Parcon
Signature [Signature]
Name in Print REBECCA P. PARCON
Title or Position HLIEN
Date MAY 05, 2005
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print OSCAR [Signature]
Title or Position REGISTRAR GENERAL
Date MAY 23, 2005

For OCRG USE ONLY: Population Reference No.
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
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DATE APPROVED MAY 23 2005

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BEST POSSIBLE IMAGE



BReN
02217-A92JX14-3

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