



(Copy for OCRG)

Philippine Statistics Authority
 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 18a.)

Province Metro Manila		Registry No. 97-11351	REMARKS/ANNOTATION
City/Municipality Makati City			
CHILD	1. NAME (First) (Middle) (Last) JANE BEATRICE RENDON DELENA		For DOCUMENT ONLY Please Refer to the OFFICE OF THE CIVIL REGISTRAR 9711351 270993 76026 013175 010100 X20 31 92350 11 X20 31 7051117 1051117 1051117
	2. SEX <input checked="" type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) 27 September 1997		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) Makati Medical Center, Makati City		
MOTHER	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		1 2 1 1 010100 X20 31 92350 11 X20 31 7051117 1051117 1051117
	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Others (Specify)		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.)		
	d. WEIGHT AT BIRTH 3175 grams		
FATHER	6. MAIDEN NAME (First) (Middle) (Last) NENITA BONDERO RENDON		1 1 010100 X20 31 92350 11 X20 31 7051117 1051117 1051117
	7. CITIZENSHIP Filipino		
	8. RELIGION R. 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: 0		
10. OCCUPATION Private Employee		11. Age at the time of this birth: 31 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Poblacion Oslob, Cebu		13. NAME (First) (Middle) (Last) JEFFREY FRIOLO DELENA	
14. CITIZENSHIP Filipino		15. RELIGION R. Catholic	
16. OCCUPATION Gov't. Employee		17. Age at the time of this birth: 31 years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) May 17, 1997 Cebu City			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midlet (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 7:13 AM on the date stated above.			
Signature: <i>[Signature]</i> Name in Print: AMELIA DACANAY Title or Position: Physician Address: Makati Medical Center Date: Sept. 28, 1997			
20. INFORMANT Signature: <i>[Signature]</i> Name in Print: NENITA R. DELENA Relationship to the child: Mother Address: Cebu Date: Sept. 28, 1997			
21. PREPARED BY Signature: <i>[Signature]</i> Name in Print: MARIA TERESA DAVID TORIAS Title or Position: Administrative Staff Date: Sept. 28, 1997		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>[Signature]</i> Name in Print: DELA S. SAN JUAN Title or Position: REGISTRAR Date: OCT 14 1997	

CSM