

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 by items 2, 5a, 6b and 18a.)

Province CEBU Registrar No. 2000 10058  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
ERIC JHULIANY CARGUEVA RIVERA

2. SEX X 1 Male      2 Female  
3. DATE OF BIRTH (day) (month) (year)  
16 APRIL 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU FREE CENTER & MAT. HOME, INC., 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 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) SECOND (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2,900 grams

6. MAIDEN NAME (First) (Middle) (Last)  
OPHELIA CARGUEVA RIVERA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2  
b. No. of children still living including this birth: 2  
c. No. of children born alive but are now dead: 0

10. OCCUPATION SELF-EMPLOYED 11. Age at the time of this birth: 44 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
INGY. STG. NING, MALABUYOC, CEBU

13. NAME (First) (Middle) (Last)  
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

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

18a. ATTENDANT X 1 Physician      2 Nurse      3 Midwife  
     4 Midol (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 2:45 P.M. o'clock  
am/pm on the date stated above.

Signature [Signature] Address CEBU FREE CENTER & MAT. HOME, INC., CEBU CITY  
Name in Print MARLENE ANADORA, R.N. Date APRIL 16, 2000  
Title or Position PHYSICIAN

20. INFORMANT  
Signature [Signature] Address INGY. STG. NING, MALABUYOC  
Name in Print OPHELIA RIVERA Date APRIL 16, 2000  
Relationship to the child MOTHER

21. PREPARED BY  
Signature [Signature] Signature [Signature]  
Name in Print ERIC S. BERNES Name in Print MARKES C. DELA CRUZ  
Title or Position CLERK Title or Position REGISTRAR  
Date APRIL 16, 2000 Date APR 28 2000

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