



Manila 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, 6b and 10c.)

Province <u>CEBU</u>		Registry No. <u>95-31634</u>	
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>KEVIN SAMUEL PADILLA PANTILAGAO</u>			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>11 DECEMBER 1995</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>GRACE HDA HOSPITAL CEBU CITY CEBU</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
6. BIRTH ORDER (five births and total deaths including this delivery) (first, second, third, etc.) <u>SIXTH</u>		6. WEIGHT AT BIRTH <u>3,250</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>SCORONIA SALEMON PADILLA</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>SIX</u>		9b. No. of children still living including this birth: <u>SIX</u>	
		9c. No. of children born alive but are now dead: <u>NONE</u>	
10. OCCUPATION <u>PHYSICIAN</u>		11. Age at the time of this birth: <u>24</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>4601 S. RAIN AVE. GUADALUPE, CEBU CITY CEBU</u>			
13. NAME (First) (Middle) (Last) <u>SAMUEL DOMINGO BURLAS PANTILAGAO</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>RMP</u>		17. Age at the time of this birth: <u>26</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the Back.) <u>JUNE 2, 1985; CEBU CITY, CEBU</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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 <u>7:15 A.M.</u> o'clock am/pm on the date stated above.) Signature: <u>[Signature]</u> Address: <u>c/o Cebu Medical Center</u> Name in Print: <u>REBECCA D. GONZALEZ, M.D.</u> City: <u>Cebu City</u> Title or Position: <u>Attending Physician</u> Date: <u>December 21, 1995</u>			
20. INFORMANT Signature: <u>[Signature]</u> Address: <u>4601 S. Rain Avenue</u> Name in Print: <u>SCORONIA T. PANTILAGAO</u> City: <u>Guadalupe, Cebu City</u> Relationship to the child: <u>MOTHER</u> Date: <u>December 21, 1995</u>			
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>NA. MAGDALENA N. RIAS</u> Title or Position: <u>Chief Records Section</u> Date: <u>December 21, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>CECILIA S. RIVERA</u> Title or Position: <u>Chief Registrar</u> Date: <u>JAN 03 1996</u>	

For OCRS USE ONLY
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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05056-FD-999SCL-00752-B1001

BEST POSSIBLE IMAGE



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M1400232691

BReN
02217-A95YB03-3

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

