

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines; <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)				
Province <u>CEBU</u>		Registry No. <u>2004 39930</u>		
City/Municipality <u>CEBU CITY</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>STEVEN KHARL AGUELO TAGALOG</u>			For OCRG Page No.
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>21 DECEMBER 2004</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PERPETUAL SUCCOUR 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.	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) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3500</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>RENALYN MANDAUE AGUELO</u>			
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>21</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>PAKNAAN, MANDAUE CITY</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>JEROME NOQUERA TAGALOG</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
	16. OCCUPATION <u>NONE</u>		17. Age at the time of this birth: <u>22</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the bank.) <u>JUNE 28, 2004 - STO. NIÑO PARISH, PAKNAAN, MANDAUE CITY</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midat (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>7:29</u> pm on the date stated above.				
Signature _____ Name in Print <u>EVELYN TAN, M.D.</u>		Address <u>VISAYAS COMMUNITY MEDICAL CENTER, CEBU</u> Date <u>DECEMBER 22, 2004</u>		
Title or Position <u>ATTENDING PHYSICIAN</u>				
20. INFORMANT Signature _____ Name in Print <u>JEROME N. TAGALOG</u> Relationship to the child <u>FATHER</u> Address <u>PAKNAAN, MANDAUE CITY</u> Date <u>DECEMBER 22, 2004</u>				
21. PREPARED BY Signature _____ Name in Print <u>nelisa a. libosada</u> Title or Position <u>medical record clerk</u> Date <u>december 22, 2004</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR <u>OSCAR B. MOLO</u> Registration Officer IV Signature _____ Name in Print _____ Title or Position <u>2004 DEC 23</u> Date _____		

05371-G3-999CBM-01786-BI001

BEST POSSIBLE IMAGE

BReN

02217-B04YMOC-3

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General