



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.)

REMARKS/ANNOTATION

Province Cebu Registry No. 94-18717
City/Municipality Cebu City

1. NAME (First) Trexha (Middle) Tuico (Last) Abas

For OCRG USE ONLY:
Population Reference No. 6

2. SEX XX 1 Male XX 2 Female
3. DATE OF BIRTH (day) (month) (year)
23 August 1994

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Vicente Sotto Memorial Medical Center Cebu City

41
9418717

5a. TYPE OF BIRTH XX 1 Single XX 2 Twin
3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
1 First XX 2 Second
3 Others, Specify

48
1

c. BIRTH ORDER (live births and fetal deaths including this delivery) 3 (first, second, third, etc.)
d. WEIGHT AT BIRTH 3260 grams

49 50
234894

6. MAIDEN NAME (First) Johanna (Middle) Lendio (Last) Tuico

7. CITIZENSHIP Filipino 8. RELIGION R.C.

56
22178

9a. Total number of children born alive: 3
b. No. of children still living including this birth: 3
c. No. of children born alive but are now dead: 0

61
1

10. OCCUPATION housewife 11. Age at the time of this birth: 22 years

62 64
CB 3260

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

13. NAME (First) Rafael (Middle) Bayona (Last) Abas

68 69
1 1

14. CITIZENSHIP Filipino 15. RELIGION R.C.

16. OCCUPATION Musician 17. Age at the time of this birth: 31 years

70 72 74
CB CB CB

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
March 11, 1987 San Nicolas Cebu City

76 79
220 22

19a. ATTENDANT XX 1 Physician XX 2 Nurse XX 3 Midwife
XX 4 Hilot (Traditional Midwife) XX 5 Others (Specify)

81
22178

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:20s.m. o'clock am/pm on the date stated above.

Signature [Signature] Address VCMIG
Name in Print Mercel Balas, m.d. Cebu City
Title or Position Medical Officer III Date August 23, 1994

86 87
1 1 031187
2178
092294

20. INFORMANT
Signature [Signature] Address Cebu City
Name in Print Johanna Abas
Relationship to the child Noting Date August 23, 1994

88 91
1111 311

21. PREPARED BY
Signature [Signature]
Name in Print Lorena S. [Signature]
Title or Position Nurse
Date August 23, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature NIDA A. NUNEZ
Name in Print CLERK III
Title or Position DATE RC'D - SEP 2 1994
Date SEP 2 1994

93
1 1630