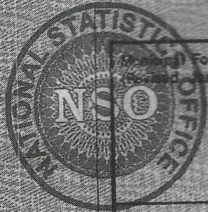


(Copy for OCRG)



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.)

Province <u>Cebu</u>		Registry No. <u>94-17566</u>	
City/Municipality <u>Cebu City</u>			
1. NAME (First) <u>ANJO</u> (Middle) <u>LUDOVICA</u> (Last) <u>FARDILLO</u>		For OCRG USE ONLY: Population Reference No. <u>70</u>	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>08</u> <u>August</u> <u>1994</u>	
CHILD D	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Cebu Doctors' Hospital</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	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) <u>1st.</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2920</u> grams	
6. MAIDEN NAME (First) <u>Anelisa</u> (Middle) <u>Ageang</u> (Last) <u>Ludovica</u>		41 <u>94 17566</u>	
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>	
MOTHER	9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Employee</u>		11. Age at the time of this birth: <u>26</u> years
	12. RESIDENCE (House No., Street, Barangay) <u>Nasipit, Talamban</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>		45 <input type="checkbox"/>
FATHER	13. NAME (First) <u>Jese</u> (Middle) <u>Agbay</u> (Last) <u>Fardillo</u>		46 <input type="checkbox"/>
	14. CITIZENSHIP <u>Filipino</u>		47 <input type="checkbox"/>
	15. RELIGION <u>Catholic</u>		48 <input type="checkbox"/>
16. OCCUPATION <u>Employee</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>March 26, 1994, Talamban, Cebu City</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		49 <input type="checkbox"/>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:42 PM</u> o'clock am/pm on the date stated above.		50 <input type="checkbox"/>	
Signature <u>Rosemarie Labiano-Dubelin</u> Address <u>Cebu Doctors' Hospital</u> Name in Print <u>ROSEMARIE LABIANO-DUBELIN, M.D.</u> <u>Osmesa Blvd., Cebu City</u> Title or Position <u>Attending Physician</u> Date <u>August 8, 1994</u>		51 <u>20178</u>	
20. INFORMANT Signature <u>A. S. Fardillo</u> Address <u>Nasipit, Talamban</u> Name in Print <u>ANATISA L. FARDILLO</u> <u>Cebu City</u> Relationship to the child <u>Mother</u> Date <u>August 8, 1994</u>		52 <input type="checkbox"/>	
21. PREPARED BY Signature <u>Dem D. Ministerio</u> Name in Print <u>Dem D. Ministerio</u> Title or Position <u>Medical records clerk</u> Date <u>August 8, 1994</u>		53 <input type="checkbox"/>	
		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>NIDA A. NUNEZ</u> Name in Print <u>NIDA A. NUNEZ</u> Title or Position <u>CLERK III</u> Date <u>DATE RC'D AUG 12 1994</u>	

02859-42-400JBB-00004-BI012

BEST POSSIBLE IMAGE



T40002859400000410302007012

BRen
02217-A94Q80S-5

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

TD000374006