



(Copy for OCRG)

Statistical Form No. 102
(Revised January 1983)

(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 below the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 2006-1080

City/Municipality Mandaue

CHILD

1. NAME (First) (Middle) (Last)
Neatheriel Hayes Solor

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
5 February 2006

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Everley Childs Sanitarium Jagobiao Mandaue City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (two births and fetal deaths including this delivery) (first, second, third, etc.) First

d. WEIGHT AT BIRTH 2,400 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
Jinky Baterra Solor

7. CITIZENSHIP Filipino

8. RELIGION Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION none

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sitio Tawagan Tayud Concepcion Cebu

FATHER

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

14. CITIZENSHIP

15. RELIGION

16. OCCUPATION

17. Age at the time of this birth: _____ years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (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 12:20 o'clock am on the date stated above.

Signature _____ Address Jagobiao, Mandaue City
Name in Print LARAVIA R. REYES, M.D.
Title or Position OB-Gynecologist Date February 5, 2006

20. INFORMANT
Signature _____ Address Sitio Tawagan, Tayud,
Name in Print JINKY B. SOLOR Concepcion, Cebu
Relationship to the child Mother Date February 5, 2006

21. PREPARED BY
Signature _____
Name in Print MICHELLE N. LLOREN, BONPORN
Title or Position Nurse I
Date February 5, 2006

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print FLAVIANA C. BASILEY
Title or Position CHIEF, CIVIL REGISTRAR
Date FEB 16 2006

FOR OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____

48 _____

49 50 1 050-01

56 _____

61 _____

62 64 2 2

68 69 _____

70 72 74 2 1 0

75 79 2 0 1

81 _____

86 87 1 1

88 91 1 1

93 _____

94 _____

04065-44-400ESR-00489-BI001

BEST POSSIBLE IMAGE



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XG300268793

BRen
02230-B06C508-5

Documentary
Stamp Tax Paid

Carmelita N. Ericta

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

