



(Copy for OCRG)

Municipal 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, 5b and 19a.)					
Province CEBU			Registry No. 96-25697		
City/Municipality CEBU CITY			For OCRG USE ONLY: Population Reference No.		
CHILD	1. NAME (First) (Middle) (Last) JULEMA GAYETA WARAIN		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	2. SEX ___ 1 Male <input checked="" type="checkbox"/> ___ 2 Female		3. DATE OF BIRTH (day) (month) (year) 17 OCTOBER 1996		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) CEBU CITY MEDICAL CENTER CEBU CITY CEBU		41		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single ___ 2 Twin ___ 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify		
MOTHER	c. BIRTH ORDER (five births and fetal deaths including this delivery) 4th (first, second, third, etc.)		d. WEIGHT AT BIRTH 2890 grams		
	6. MAIDEN NAME (First) (Middle) (Last) GENMA ABELLANOSA GAYETA		48		
	7. CITIZENSHIP FILIPINO		8. RELIGION ROMAN CATHOLIC		
	9a. Total number of children born alive: 4		b. No. of children still living including this birth: 4		c. No. of children born alive but are now dead: 0
FATHER	10. OCCUPATION SELF EMPLOYED		11. Age at the time of this birth: 35 years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) VILLA KALUBIHAN, BASAK, CEBU CITY CEBU		49 50		
	13. NAME (First) (Middle) (Last) JULIO RIVERA WARAIN		56		
	14. CITIZENSHIP FILIPINO		15. RELIGION ROMAN CATHOLIC		
16. OCCUPATION SELF EMPLOYED		17. Age at the time of this birth: 37 years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) NOVEMBER 26, 1981 GINATILAN, CEBU					
19a. ATTENDANT <input checked="" type="checkbox"/> 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 4:03 o'clock am/pm on the date stated above.					
Signature <i>[Signature]</i> Name in Print ROSALINA SAGARIO M.D. Title or Position PHYSICIAN		Address N. BALASO AVENUE CEBU CITY Date OCTOBER 17, 1996			
Signature <i>[Signature]</i> Name in Print GENMA WARAIN Relationship to the child MOTHER		Address VILLA KALUBIHAN, BASAK, CEBU CITY Date OCTOBER 17, 1996			
21. PREPARED BY Signature <i>[Signature]</i> Name in Print JUSTINA D. CLAUDIO Title or Position NURSE Date OCTOBER 17, 1996		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print EVELYN A. ADANILLA Title or Position CLERK Date NOV 08 1996			

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