



(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 <u>CEBU</u> City/Municipality <u>CEBU CITY</u>		Registered <u>2001 19110</u>	
CHILD	1. NAME (First) <u>ANNE CLARICE</u> (Middle) <u>AMARUENCE</u> (Last) <u>VARONA</u>		For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="text"/> 48 <input type="text"/> 49 <input type="text"/> 50 <input type="text"/> 56 <input type="text"/> 61 <input type="text"/> 62 <input type="text"/> 64 <input type="text"/> 68 <input type="text"/> 69 <input type="text"/> 70 <input type="text"/> 72 <input type="text"/> 74 <input type="text"/> 76 <input type="text"/> 79 <input type="text"/> 81 <input type="text"/> 86 <input type="text"/> 87 <input type="text"/> 88 <input type="text"/> 91 <input type="text"/> 93 <input type="text"/> 94 <input type="text"/>
	2. SEX <u>1 Male</u> <u>2 Female</u>		
	3. DATE OF BIRTH <u>21</u> (day) <u>JULY</u> (month) <u>2001</u> (year)		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY CEBU</u>		
	5a. TYPE OF BIRTH <u>1 Single</u> <u>2 Twin</u> <u>3 Triplet, etc.</u>		
MOTHER	b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <u>2 Second</u> <u>3 Others, Specify</u>		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		
	d. WEIGHT AT BIRTH <u>3,300</u> grams		
	6. MAIDEN NAME (First) <u>FE</u> (Middle) <u>AGUILA</u> (Last) <u>AMARUENCE</u>		
	7. CITIZENSHIP <u>FIL.</u> 8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>	
c. No. of children born alive but are now dead: <u>0</u>			
10. OCCUPATION <u>TEACHING</u>		11. Age at the time of this birth: <u>29</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>2287 GABUYA ST., COCON, PARDO, CEBU CITY, CEBU</u>			
FATHER	13. NAME (First) <u>JANUARIO</u> (Middle) <u>GATIL</u> (Last) <u>VARONA</u>		
	14. CITIZENSHIP <u>FIL.</u> 15. RELIGION <u>CATHOLIC</u>		
	16. OCCUPATION <u>SERVICEMAN</u> 17. Age at the time of this birth: <u>4</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>NOVEMBER 3, 1998 CEBU CITY</u>			
19a. ATTENDANT <u>1 Physician</u> <u>2 Nurse</u> <u>3 Midwife</u> <u>4 Hilot (Traditional Midwife)</u> <u>5 Others (Specify)</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:00</u> o'clock <u>am/pm</u> on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>FATE E. ERNANDEZ, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>HOUSE, INC., CEBU CITY</u> Date <u>JULY 21, 2001</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>FE A. VARONA</u> Relationship to the child <u>MOTHER</u>		Address <u>2287 GABUYA ST., COCON PARDO, CEBU CITY, CEBU</u> Date <u>JULY 21, 2001</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIANILLA C. ERNANDEZ</u> Title or Position <u>CLERK</u> Date <u>JULY 21, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUELLA N. DEJITO</u> Title or Position <u>REGISTRATION OFFICER II</u> Date <u>JUL 23 2001</u>	

04407-A4-400JLB-01001-BI002

BEST POSSIBLE IMAGE

BReN
02217-B01PM20-9

Carmelita N. Fricta
CARMELITA N. FRICTA