NATIONAL STATISTICS OFFICE

(Copy for OCRG)

Civil Form No. 102
Revised January 1998

(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 to items 2, 5a, 5b and 15b.)

Province: Cebu
City/Municipality: Cebu City

2001 No. 28288

For OCRG USE ONLY: Registration/Reference No.

CHILD

1. NAME: (First) Marie Grages (Middle) Pantua (Last) Navoa

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 14 (month) October (year) 2001

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution) Sacred Heart Hospital (City/Municipality) Cebu City (Province) Cebu
(House No., Street, Barangay) Urgello St.

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

b. IF MULTIPLE BIRTH CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Other, Specify

c. BIRTH ORDER (for births and fetal deaths including this delivery): 4th. (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3210 grams

MOTHER

6. MAIDEN NAME: (First) Marie May (Middle) Bacquiano (Last) Naoya

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

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

10. OCCUPATION: Housewife

11. Age at the time of this birth: 32 years

12. RESIDENCE: (House No., Street, Barangay) Camagayan Poblacion Carcar, Cebu (City/Municipality) (Province)

FATHER

13. NAME: (First) Ulysses (Middle) Regis (Last) Navoa

14. CITIZENSHIP: Filipino

15. RELIGION: R.C.

16. OCCUPATION: Civil Engin.

17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): March 10, 1990 Cebu City

19a. ATTENDANT: X 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 Cebu City, on the date stated above.

Signature: [signature]
Name in Print: MELVIN JUGOMARSEN, M.D.
Title or Position: Attending Physician
Address: C/O Sacred Heart Hospital, Urgello St., Cebu City
Date: October 14, 2001

20. INFORMANT

Signature: [signature]
Name in Print: MRS. MARIE MAY N. NAVOA
Relationship to the child: Mother
Address: Camagayan Poblacion Carcar, Cebu
Date: October 14, 2001

21. PREPARED BY

Signature: [signature]
Name in Print: MRS. PAMELA A. DACLAN
Title or Position: Charge Nurse
Date: October 14, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: [illegible]
Title or Position: [illegible]
Date: [illegible]

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BEST POSSIBLE IMAGE

BReN
02217-B01VE10-4

CARMELITA N. ERICTA
Administrator and Civil Registrar General