

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**
City/Municipality **CEBU CITY**

Registry No. **27215**

1. NAME (First) **FATIMA** (Middle) **PLAMA** (Last) **ARIZO**

2. SEX **XX** 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
13 OCTOBER 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER CEBU CITY

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **4th**
7. WEIGHT AT BIRTH **3277** grams

8. PARENTS' NAME (First) (Middle) (Last)
ANDRESA CASIMERO PLAMA

9. CITIZENSHIP **FILIPINO** 10. RELIGION **R.C.**

11. 9a. Total number of children born alive **4**
11. 9b. No. of children still living including this birth **4**
11. 9c. No. of children born alive but are now dead **0**

12. OCCUPATION **HOUSEWIFE** 13. Age at the time of this birth: **29** years

14. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
CAYON CEBU

15. NAME (First) (Middle) (Last)
ROGELIO BOTELLA ARIZO

16. CITIZENSHIP **FILIPINO** 17. RELIGION **ROC.**

18. OCCUPATION **DRIVER** 19. Age at the time of this birth: **41** years

20. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 26, 1990 CAYON CEBU

21. 19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify)

22. 19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **7:39 a.m.** on the date stated above.

23. Signature **GINA NOLASCO, M.D.** Address **CEBU CITY**
Name in Print **MEDICAL OFFICER - III** Date **OCTOBER 13, 1998**

24. 20. INFORMANT
Signature *[Signature]* Address **CAYON CEBU**

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

45

49 50

56

61

62 64

68 69

70 72 74

75 79

81

85 87

88 91