

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

(Copy for OCRG)

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.)

REMARKS/ANNOTATION

Province CEBU City/Municipality CEBU CITY Registry No. 99 02899

1. NAME (First, Middle, Last) ISHABE ATRA SERVEDOR VILLANERO
2. SEX 1 Male 2 Female
3. DATE OF BIRTH 10 FEBRUARY 1999
4. PLACE OF BIRTH CHONG RUA HOSPITAL
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify
c. BIRTH ORDER (five births and fetal deaths including this delivery)
d. WEIGHT AT BIRTH 2700 grams
6. MAIDEN NAME (First, Middle, Last)
7. CITIZENSHIP 8. RELIGION
9a. Total number of children born alive: two
9b. No. of children still living including this birth: two
9c. No. of children born alive but are now dead: none
10. OCCUPATION
11. Age at the time of this birth: 26 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
13. NAME (First, Middle, Last)
14. CITIZENSHIP RELIGION
15. OCCUPATION
16. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
17a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional/Herbal) 5 Others (Specify)
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 9:03 P.M. any/pm on the date stated above.

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) MAY 30, 1994, CEBU CITY CEBU
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional/Herbal) 5 Others (Specify)
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 9:03 P.M. any/pm on the date stated above.
Signature Address c/o Chong Rua Hospital Date Fuente Osmeña, Cebu City February 12, 1999
20. INFORMANT Signature Address 451-A, 7 LLARAS Street, Cebu City Date February 12, 1999
21. PREPARED BY Signature Address Date
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Address Date FEB 17 1999

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