



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.)

Municipal Form No. 102 (Revised January 1992)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Province <u>CEBU</u>		Registry No. <u>97-31176</u>		
City/Municipality <u>CEBU CITY</u>				For OCRB USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="text" value="9731176"/> 42 <input type="text" value="1"/> 43 <input type="text" value="1"/> 44 <input type="text" value="241197"/> 45 <input type="text" value="22176"/> 46 <input type="text" value="1"/> 47 <input type="text" value="012000"/> 48 <input type="text" value="1"/> 49 <input type="text" value="0"/> 50 <input type="text" value="010100"/> 51 <input type="text" value="311"/> 52 <input type="text" value="28"/> 53 <input type="text" value="22301"/> 54 <input type="text" value="1"/> 55 <input type="text" value="420"/> 56 <input type="text" value="30"/> 57 <input type="text" value="9/20/96"/> 58 <input type="text" value="22178"/> 59 <input type="text" value="11/28/97"/> 60 <input type="text" value="1"/>
1. NAME (First) (Middle) (Last) <u>J</u> <u>IMMANUEL</u> <u>ENCARNACION</u> <u>SITOI</u>				
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>24</u> <u>NOVEMBER</u> <u>1997</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PERPETUAL SUCCOUR HOSPITAL</u> <u>CEBU CITY</u> <u>CEBU</u>				
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>2000</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>REGINA</u> <u>LOPES</u> <u>ENCARNACION</u>				
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>CHRISTIAN</u>		
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		
c. No. of children born alive but are now dead: <u>NONE</u>				
10. OCCUPATION <u>SECRETARY</u>		11. Age at the time of this birth: <u>28</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>888 A.S. FORTUNA ST., MANDAUE CITY</u>				
13. NAME (First) (Middle) (Last) <u>JOSE GREGO</u> <u>URACA</u> <u>SITOI</u>				
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CHRISTIAN</u>		
16. OCCUPATION <u>SUPERVISOR</u>		17. Age at the time of this birth: <u>30</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>APRIL 20, 1996 - CEBU CITY</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:15</u> pm o'clock am/pm on the date stated above.				
Signature <u>Rebecca Gucor M.D.</u> Name in Print <u>REBECCA GUCOR M.D.</u> Title or Position <u>ATTENDING PHYSICIAN</u>		Address <u>PERPETUAL SUCCOUR HOSPITAL</u> <u>GORONDO AVENUE, CEBU CITY</u> Date <u>NOVEMBER 25, 1997</u>		
Signature <u>Jose Grego U. Sioy</u> Name in Print <u>JOSE GREGO U. SITOI</u> Relationship to the child <u>FATHER</u>		Address <u>888 A.S. FORTUNA ST.,</u> <u>MANDAUE CITY</u> Date <u>NOVEMBER 25, 1997</u>		
Signature <u>Margarita J. Marcon</u> Name in Print <u>MARGARITA J. MARCON</u> Title or Position <u>MEDICAL RECORD CLERK</u> Date <u>NOVEMBER 25, 1997</u>		Signature <u>Evelyn A. Adadilla</u> Name in Print <u>EVELYN A. ADADILLA</u> Title or Position <u>CLERK</u> Date <u>NOV 28 1997</u>		
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR		

04734-26-400DCL-00389-B1002
BEST POSSIBLE IMAGE
T400047344000038912172012002
XH100399095

BReN
02217-A97WQ0H-0
Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office