PHILIPPINE STATISTICS AUTHORITY

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, 6a, 5b and 19a.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Cebu City
Registry No.: 94-21345

For OCRG USE ONLY
Population Reference No.:

CHILD

1. NAME (First) TIMOTHY JOHN (Middle) RECTO (Last) OLIVEROS
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 22 September 1994
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CEBU PUER. CENTER & MAT. HOUSE INC. CEBU CITY CEBU
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): second
d. WEIGHT AT BIRTH: 2580 grams

MOTHER

6. MAIDEN NAME (First) JOY (Middle) SIMEON (Last) RECTO
7. CITIZENSHIP: FILIPINO
8. RELIGION: ROMAN CATHOLIC
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0
10. OCCUPATION: ANALYST
11. Age at the time of this birth: 28 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): 237 F Llamas st., Labangon Punta Princesa CEBU CITY CEBU

FATHER

13. NAME (First) ANDERSON (Middle) LIM (Last) OLIVEROS
14. CITIZENSHIP: FILIPINO
15. RELIGION: ROMAN CATHOLIC
16. OCCUPATION: TECHNICIAN
17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
SEPTEMBER 8, 1993 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 6:00 a.m. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: HAZEL GENIZA, M.D.
Title or Position: physician
Address: CEBU PUER. CENTER & MAT. HOUSE INC. CEBU CITY
Date: SEPT. 22, 1994

20. INFORMANT
Signature: [signature]
Name in Print: ANDERSON L. OLIVEROS
Relationship to the child: father
Address: 237 F Llamas st. Labangon Punta Princesa Cebu City
Date: Sept. 22, 1994

21. PREPARED BY
Signature: [signature]
Name in Print: Sonia M. Sano
Title or Position: clerk
Date: Sept. 22, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: IDA A. NUNEZ
Name in Print: CLERK III
Title or Position: DATE REC'D OCT 20 1994
Date:

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41. 9421345
48. 1
49. 1 50. 220994
56. 22178
61. 1
62. 02 64. 2580
68. 1 69. 1
70. 02 72. 02 74. 00
76. 083 79. 28
81. 22178
86. 1 87. 1
090893
22178
102094
88. 199 91. 23
93. 1
94. 1

1040

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BReN

Lisa Grace S. Bersal