

(Copy for OCRG)



Form No. 102  
Revised January 1993

(To be accomplished in quadruplicate)

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, 8b and 10a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 95-31184  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
EUGENIA OPAR GENITICA

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)  
06 Dec. 1995

4. PLACE OF BIRTH (Name of Hospital/Club/Institution/ (City/Municipality) (Province)  
Cebu Doctors' Hospital Cebu City Cebu

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

6. BIRTH ORDER (five births and total deaths including this delivery) d. WEIGHT AT BIRTH  
01 (first, second, third, etc.) 2708 grams

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)  
Eugenia Esquivado Oparr

7. CITIZENSHIP Philippine 8. RELIGION Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 03

10. OCCUPATION Employed 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
18 Fatima St. Cebu City Cebu

41  
95 3 1 1 2 6

42  
1

43  
1 2 0 1 2 9 5

44  
3 2 1 7 8

45  
1

46 47  
3 0 2 7 5 8

13. NAME (First) (Middle) (Last)  
Eugenio Oparr Genitica

14. CITIZENSHIP Philippine 15. RELIGION Catholic

16. OCCUPATION Teacher 17. Age at the time of this birth: 21 years

48  
1

49 50 51  
0 4 4 1 4 3

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
October 17, 1992, Cebu City

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

52  
2 7 9

53  
1

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 4:26 PM o'clock am/pm on the date stated above.

54  
2 7 1 1 7

Signature Eugenio Genitica Address Cebu Doctors' Hospital  
Name in Print EUGENIO GENITICA, M.D. Genitica Blvd., Cebu City  
Title or Position Attending Physician Date Dec. 6, 1995

55 56  
1 101792

57 22178

58 121996

20. INFORMANT  
Signature Eugenia O. Genitica Address 18 Fatima St.  
Name in Print EUGENIA O. GENITICA Cebu City  
Relationship to the child Mother Date Dec. 6, 1995

59  
9 8 5

60  
7 1

21. PREPARED BY  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date Dec. 6, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print NILDA A. MURILLO  
Title or Position CLERK III  
Date Dec. 6, 1995

61  
1 1490

62  
1

07317-C1-400EML-00455-BI002

BEST POSSIBLE IMAGE



T400073174000045501132020002

YN000949471

BRen  
02217-A95Y60K-4

Documentary  
Stamp Tax Paid

*CDSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

