

Space for CGRS



Form No. 102  
January 1988

(To be accomplished in quadruplicate)

RESIDENCE/ASSOCIATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(To be completed, accurately and legibly, the ink or equivalent.  
Place X before the appropriate answer in Item 9, Sec. 10 and 11a.)

Province CEBU  
City/Municipality CEBU CITY 0000 00007

1. NAME (First) (Middle) (Last)  
NICHELLE CONNIE ANN BARRERA BARRERA

2. SEX XI 1 Male XI 2 Female  
3. DATE OF BIRTH (Day) (Month) (Year)  
04 APRIL 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
PERPUAL SUCCOR HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH XI 1 Single XI 2 Twin  
5b. IF MULTIPLE BIRTH, CHILD WAS XI 1 First XI 2 Second  
XI 3 Other (Specify)

6a. BIRTH ORDER (the birth and total deaths including this delivery)  
FIFTH (first, second, third, etc.)  
6b. WEIGHT AT BIRTH 2950 grams

7. MAIDEN NAME (First) (Middle) (Last)  
MARY ANN AVILAR BARRERA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born after 5  
9b. No. of children still living including this birth 5  
9c. No. of children born alive but are now dead 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of the birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
# 7 PERPITO APT., JALIX RODRIGUEZ ST., SUCCOR, CEBU CITY

13. NAME (First) (Middle) (Last)  
NICHEL AVELINO PERPITO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION COURTNEY MANAGER 17. Age at the time of the birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acknowledge Affidavit of Acknowledgment/Admission of Paternity at the birth.)  
DECEMBER 31, 1996 - CEBU CITY

19a. ATTENDANT XI Physician XI Nurse XI Midwife  
XI Healer (Traditional Healers) XI Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 11:37 PM o'clock am/pm on the date stated above.

Signature [Signature] Address CEONG BSA MEDICAL ART CENTER CEBU CITY  
Name in Print ELLEN CHAVES M.D. Date APRIL 6, 2000  
Title or Position ATTENDING PHYSICIAN

20. INFORMANT  
Signature [Signature] Address # 7 PERPITO APT. JALIX RODRIGUEZ ST. SUCCOR, CEBU CITY  
Name in Print NICHEL A. PERPITO Date APRIL 6, 2000  
Relationship to the child FATHER

21. PREPARED BY  
Signature [Signature] Name in Print RELISA A. LIMBADA  
Title or Position MEDICAL RECORD CLERK Date APRIL 6, 2000  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Name in Print [Signature]  
Title or Position [Signature] Date APR 28 2000

Vertical column on the right side of the form containing various stamps and markings, including a large stamp with the number '2000071' and other smaller stamps and numbers.

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