



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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, 3a, 5b and 19a.)					
Province <u>CEBU</u>			Registrar No. <u>98 5062</u>		
City/Municipality <u>CEBU CITY</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>IRENE</u> <u>PEDANTEL</u> <u>BOISER</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>21</u> FEBRUARY 1998		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU CITY MEDICAL CENTER</u> <u>CEBU CITY</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	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		
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>6th</u>		d. WEIGHT AT BIRTH <u>3490</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>LOIDA</u> <u>YBANEZ</u> <u>REDANTEL</u>		41 <u>98 05 06 2</u> 42 <u>1</u> 43 <u>2</u> <u>2</u> <u>1</u> <u>0</u> <u>2</u> <u>9</u> <u>8</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>CATHOLIC</u>		
	9a. Total number of children born alive: <u>6</u>		b. No. of children still living including this birth: <u>6</u>		c. No. of children born alive but are now dead: <u>0</u>
FATHER	10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>33</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>280 1-A, V. RAMA AVENUE</u> <u>CEBU CITY</u>		44 <u>0</u> <u>6</u> <u>2</u> <u>4</u> <u>0</u> <u>0</u> 45 <u>1</u> <u>1</u>		
	13. NAME (First) (Middle) (Last) <u>RICARDO</u> <u>DIAZ</u> <u>BOISER</u>		46 <u>1</u> <u>1</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CATHOLIC</u>		
16. OCCUPATION <u>MAINTENANCE OFFICER</u>		17. Age at the time of this birth: <u>35</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>DECEMBER 3, 1986 at GUADALUPE CHURCH, 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>5:05</u> o'clock <u>am/pm</u> on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>ATRE ARRANGURE</u> Title or Position <u>N.D.</u>			Address <u>N. PACALSO AVENUE</u> <u>CEBU CITY</u> Date <u>FEBRUARY 22, 1998</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>LOIDA BOISER</u> Relationship to the child <u>MOTHER</u>			Address <u>280 1-A, V. RAMA AVENUE</u> <u>CEBU CITY</u> Date <u>FEBRUARY 22, 1998</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ELAINE S. YBANEZ</u> Title or Position <u>RSN - RN</u> Date <u>FEBRUARY 22, 1998</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>SOUELLA N. DEJIT</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>3/2/98</u>		

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[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office

