



Philippine Form No. 102
(Revised 1993)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 70-1482

CITY/MUNICIPALITY Cebu City

1. NAME (First) JONALD (Middle) UT (Last) MINGUAN

2. SEX (Place 'X' on appropriate answer)
 1 Male 2 Female

3. DATE OF BIRTH (Day) 16 (Month) 16 (Year) SEPTEMBER 1990

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give street/barangay) _____ (City/Municipality) _____ (Province) _____

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
 1 Single 2 Twin 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS _____ (1 First, 2 Second, 3 Third, etc)

6. MAIDEN NAME (First) (Middle) (Last) JOSEPHINE DELOS REYES UT

7. NATIONALITY PHILIPINO

8. RELIGION CATHOLIC

9. NAME (First) (Middle) (Last) RONALDO DEGUIN MINGUAN

10. NATIONALITY PHILIPINO

11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment of the birth)
JUNE 28, 1990 Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH 10:10
 I hereby certify that I attended the birth of the child who was born alive at _____ o'clock a.m./p.m. on the date stated above.

Signature _____ Address Cebu Pub. Center & Maternity House Inc. Cebu City

Name in print Dr. Maria Guzman, M.D. Date SEPTEMBER 16, 1990

Title or position PHYSICIAN

14. INFORMANT
 Signature _____ Address MUSTILO SUBD. HIT PARDO, Cebu City

Name in print JOSEPHINE MINGUAN Date SEPTEMBER 16, 1990

Relationship to child MOTHER

15a. PREPARED BY
 Signature _____ Address _____

Name in print ADRIAN P. RODRIGUEZ Date _____

Title or position REGISTERED N. N.

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature _____ Date _____

Name in print _____

Title or position _____

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT _____

15d. DATE WHEN INFORMATION WAS SUPPLIED _____

(Remember: Informant should also provide information for items 17 to 25. The cover boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 70-1482 Registration Status 7

PROVINCE Cebu

CITY/MUNICIPALITY Cebu City

17. Weight at Birth (In grams) 3,000 0 0 0 0

18. Birth Order of Child (Ex. First, second, etc.) FIRST

19a. Total Number of Children Born Alive 017

19b. How many children are now living including this birth? 017

19c. How many children were born alive but are now dead? 0

20. Usual Occupation HOUSEWIFE

21. Age at the time of this Birth 21

22. Usual Residence (Barangay) _____ (City/Municipality) _____ (Province) _____

23. Usual Residence (Barangay) _____ (City/Municipality) _____ (Province) _____

24. Usual Occupation EMPLOYED

25. Age at the time of this Birth 25

25. Sex at Birth (Place 'X' on appropriate answer)
 1 Male 2 Female 3 Unknown 4 None 5 Other

Sex at Birth 1 Date of Birth 16/09/90 Place of Birth CEBU CITY Mother's Nationality PH Father's Nationality PH

NAME OF CHILD
 First JONALD Last MINGUAN

RESERVE FOR BINDING