



(Copy for OCRG)

(To be accomplished in quadruplicate)

Municipal Form No. 102
(Revised January 1993)

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 9, 5a, 5b and 19a.)

Province CEBU		Registry No. 2007 13932	REMARKS/ANNOTATION For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 [] [] [] [] [] [] [] [] 48 [] [] [] [] [] [] [] [] 49 [] [] [] [] [] [] [] [] 50 [] [] [] [] [] [] [] [] 56 [] [] [] [] [] [] [] [] 61 [] [] [] [] [] [] [] [] 62 [] [] [] [] [] [] [] [] 64 [] [] [] [] [] [] [] [] 68 [] [] [] [] [] [] [] [] 69 [] [] [] [] [] [] [] [] 70 [] [] [] [] [] [] [] [] 72 [] [] [] [] [] [] [] [] 74 [] [] [] [] [] [] [] [] 78 [] [] [] [] [] [] [] [] 79 [] [] [] [] [] [] [] [] 81 [] [] [] [] [] [] [] [] 83 [] [] [] [] [] [] [] [] 84 [] [] [] [] [] [] [] []
City/Municipality CEBU CITY			
1. NAME (First) EURIKA GREY	(Middle) SANTOS	(Last) PIEDAD	
2. SEX F (Male F Female)	3. DATE OF BIRTH (day) (month) (year) 17 May 2007		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU			
5a. TYPE OF BIRTH XX (Single XX Twin 2 Triplet, etc.)	b. IF MULTIPLE BIRTH, CHILD WAS (1st 1 2nd 2 3rd 3 Others, Specify)		
c. BIRTH ORDER (five births and fetal deaths including this delivery) FIRST		d. WEIGHT AT BIRTH 3050 grams	
6. MAIDEN NAME JENNIFER	(First) CASTRO	(Last) SANTOS	
7. CITIZENSHIP FILIPINO	8. RELIGION ROMAN CATHOLIC		
9a. Total number of children born alive: NONE	b. No. of children still living including this birth: NONE	c. No. of children born alive but are now dead: NONE	
10. OCCUPATION ACCOUNT MANAGER		11. Age at the time of this birth: 30 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) UNIT 3A CEDAVILLE RESIDENCES, NASIPT TALAMBAN CEBU CITY, CEBU			
13. NAME (First) AURO CARMELO	(Middle) CAMPOGAN	(Last) PIEDAD	
14. CITIZENSHIP FILIPINO	15. RELIGION ROMAN CATHOLIC		
16. OCCUPATION PRODUCT SPECIALIST		17. Age at the time of this birth: 29 years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) SEPTEMBER 02, 2006/ CEBU CITY, CEBU			
19a. ATTENDANT XX 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwives) 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 07:02 PM o'clock am/pm on the date stated above.			
Signature <i>Virginia Viacrusis Villegas</i> Name in Print VIRGINIA VIACRUSIS VILLEGAS, M.D. Title or Position ATTENDING PHYSICIAN		Address C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU 67 Date MAY 21, 2007	
20. INFORMANT Signature <i>Auro Carmelo Campogan Piedad</i> Name in Print AURO CARMELO CAMPOGAN PIEDAD Relationship to the child FATHER Date MAY 21, 2007			
21. PREPARED BY Signature <i>Elizer Sadaya Dela Cerna</i> Name in Print ELIZER SADAYA DELA CERNA Title or Position MEDICAL RECORDS CLERK Date MAY 21, 2007		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Scar B. Molo</i> Name in Print SCAR B. MOLO Title or Position REGISTRATION OFFICER IV Date MAY 25 2007	

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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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