

BIRTH CERTIFICATE



(Copy for CCRG)

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 2, 5a, 6b and 19a.)

Province CEBU Registry No. 45-7650

City/Municipality CEBU CITY

1. NAME (First) <u>JENELY</u> (Middle) <u>ONGOS</u> (Last) <u>ALVAREZ</u>	REMARKS/ANNOTATION
2. SEX <u>1</u> Male <u>2</u> Female	
3. DATE OF BIRTH (day) (month) (year) <u>2</u> APRIL 1995	For CCRG USE ONLY: Population Reference No.
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU</u>	
5a. TYPE OF BIRTH <u>X</u> 1. Single <u>2</u> Twin <u>3</u> 11. etc.	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)	41 <u>9 50 70 40</u>
d. WEIGHT AT BIRTH <u>3.400</u> grams	
6. MAIDEN NAME (First) <u>JOSEPHINE</u> (Middle) <u>STIVA</u> (Last) <u>ONGOS</u>	48 <u>1</u>
7. CITIZENSHIP <u>FILIPINO</u>	
8. RELIGION <u>ROMAN CATHOLIC</u>	49 <u>2 2 1 7 8</u>
9a. Total number of children born alive: <u>1</u>	
9b. No. of children still living including this birth: <u>1</u>	50 <u>1</u>
9c. No. of children now dead: <u>0</u>	
10. OCCUPATION <u>SALESCLERK</u>	51 <u>1</u>
11. Age at the time of this birth: <u>31</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>DON GERVAGIO QUIJADA, GUADALUPE, CEBU CITY, CEBU</u>	52 <u>0 7 3 4 0 0</u>
13. NAME (First) <u>ALEJANDRO</u> (Middle) <u>LUNGAYAN</u> (Last) <u>ALVAREZ</u>	
14. CITIZENSHIP <u>FILIPINO</u>	53 <u>1</u>
15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>DELIVER</u>	54 <u>1</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>JANUARY 26, 1994 CEBU CITY</u>	55 <u>0 1 0 1 0 0</u>
19a. ATTENDANT <u>3</u> Physician <u>4</u> Nurse <u>5</u> Midwife <u>6</u> Other (Specify)	
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at am/pm on the date stated above.) <u>4:42</u> o'clock <u>CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY</u>	56 <u>2 2 1 7 8</u>
Signature <u>JENNIFER ST. M.D.</u> Address <u>MOUSE, INC., CEBU CITY</u> Name in Print <u>PHYSICIAN</u> Date <u>APRIL 2, 1995</u>	
20. INFORMANT Signature <u>JOSOPHINE ALVAREZ</u> Address <u>DON GERVAGIO QUIJADA, GUADALUPE, CEBU CITY</u> Name in Print <u>MOTHER</u> Date <u>APRIL 2, 1995</u> Relationship to the child	57 <u>0 8 5 2 3</u>
21. PREPARED BY Signature <u>JOCELIN B. TONG</u> Name in Print <u>CLERK</u> Title or Position <u>APRIL 2, 1995</u> Date	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>NIDA A. NUNY</u> Name in Print <u>CLERK III</u> Title or Position <u>DATE REC. MAY 02 1995</u> Date	58 <u>10 10</u>

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

