PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in duplicate)

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 8, 9a, 9b, and 19a.)

Province: CEBU
City/Municipality: CITY
Registry No.: [illegible]

REMARKS/ANNOTATION

For OCRG USE ONLY
Registry Reference No.:

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME: DUANE L. CIRIK (Middle) ARRIOLA (Last)
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH: 18 February 1996
4. PLACE OF BIRTH: CEBU VISION CENTER & MATERNITY HOUSE INC., CEBU CITY, CEBU (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, specify
6. BIRTH ORDER: FIRST (live births and fetal deaths including this delivery) (first, second, third, etc.)
7. WEIGHT AT BIRTH: 3.200 grams

MOTHER

6. MAIDEN NAME: AIMA (First) DEL MAR (Middle) ARRIOLA (Last)
7. CITIZENSHIP: FILIPINO
8. RELIGION: ROMAN CATHOLIC
9a. Total number of children born alive: 1
9b. No. of children still living including this birth: 1
9c. No. of children born alive but are now dead: 0
10. OCCUPATION: Interpreter
11. Age at the time of this birth: 20 years
12. RESIDENCE: Gen. Echavez St. (House No., Street, Barangay) Cebu City (City/Municipality) Cebu (Province)

FATHER

13. NAME: JULIUS (First) (Middle) (Last)
14. CITIZENSHIP: N.A.
15. RELIGION: N.A.
16. OCCUPATION: N.A.
17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back): NOT APPLICABLE

19a. ATTENDANT: X a. Physician ___ b. Nurse ___ c. Midwife ___ d. Hilot (Traditional Midwife) ___ e. Others (Specify)

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 4:00 A.M. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: AIDA RODRIGO SUICO, M.D.
Title or Position: PHYSICIAN
Address: CEBU VISION CENTER & MATERNITY HOUSE INC., CEBU CITY
Date: February 18, 1996

20. INFORMANT
Signature: [signature]
Name in Print: AIMA D. ARRIOLA
Relationship to the child: mother
Address: Gen. Echavez St., Cebu City
Date: February 18, 1996

21. PREPARED BY
Signature: [signature]
Name in Print: CARLEY E. YUHON
Title or Position: CLERK
Date: February 18, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print:
Title or Position:
Date: MAR 1 6 1996

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BEST POSSIBLE IMAGE

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BReN
02217-A96CJ0P-9

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CDSM

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