



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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, 5b and 19a.)

Province CEBU Registrar's Office 25076
City/Municipality CEBU CITY

REMARKS/ANNOTATION

CHILD	1. NAME (First, Middle, Last) <u>NICOLA DWI LOPES DIEZ</u>	For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	2. SEX <u>1 Male</u> 2 Female		3. DATE OF BIRTH (day, month, year) <u>27 September 1998</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>VICENTE SOLON MONTAL MED. CENTER CEBU CITY CEBU</u>		5a. TYPE OF BIRTH <u>1 Single</u> 2 Twin 3 Triplet, etc.
	5b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> 2 Second 3 Others, Specify		5c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>
MOTHER	6. MAIDEN NAME (First, Middle, Last) <u>ANGELICA ABAPO LOPES</u>	41 <u>9821776</u>	
	7. CITIZENSHIP <u>Filipino</u>	48 <u>1</u>	
	8. RELIGION <u>R. Catholic</u>	49 <u>2</u> 50 <u>0998</u>	
	9a. Total number of children born alive: <u>1</u>	56 <u>1218</u>	
FATHER	9b. No. of children still living including this birth: <u>1</u>	61 <u>1</u>	
	9c. No. of children born alive but are now dead: <u>0</u>	62 <u>01</u> 64 <u>25076</u>	
	10. OCCUPATION <u>None</u>	68 <u>1</u> 69 <u>1</u>	
	11. Age at the time of this birth: <u>21</u> years	70 <u>01</u> 72 <u>01</u> 74 <u>00</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Sikatuna St., Cebu City, Cebu</u>		78 <u>720</u> 79 <u>21</u>	
13. NAME (First, Middle, Last) <u>SHERWIN ABAPO DIEZ</u>		81 <u>22178</u>	
14. CITIZENSHIP <u>Filipino</u>		88 <u>1</u> 87 <u>1</u>	
15. RELIGION <u>R. Catholic</u>		89 <u>X</u> 91 <u>23</u>	
16. OCCUPATION <u>Employee</u>		92 <u>1</u>	
17. Age at the time of this birth: <u>23</u> years		94 <u>1</u>	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 27, 1998 Mandana City, Cebu

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:45 PM o'clock am/pm on the date stated above.

Signature _____ Address VSMC CEBU CITY
Name in Print ADR. YA. THERESA LIM
Title or Position Med. Officer III Date 27 September 1998

20. INFORMANT
Signature _____ Address Sikatuna St., Cebu City
Name in Print Amelica J. Diez
Relationship to the child MOTHER Date 27 September 1998

21. PREPARED BY
Signature _____
Name in Print ALICIA MIER
Title or Position Nurse
Date 27 September 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print LOVELAIN DE JESU
Title or Position REGISTRAR'S OFFICER II
Date OCT 08 1998

41	<u>9821776</u>
48	<u>1</u>
49	<u>2</u>
50	<u>0998</u>
56	<u>1218</u>
61	<u>1</u>
62	<u>01</u>
64	<u>25076</u>
68	<u>1</u>
69	<u>1</u>
70	<u>01</u>
72	<u>01</u>
74	<u>00</u>
78	<u>720</u>
79	<u>21</u>
81	<u>22178</u>
88	<u>1</u>
87	<u>1</u>
89	<u>X</u>
91	<u>23</u>
92	<u>1</u>
94	<u>1</u>

75
76 06/27/98
77
78 10/08/98

04055-B8-400JAC-01242-BI002
BEST POSSIBLE IMAGE



BRen
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