PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province: Cebu
City/Municipality: Lapu-Lapu City
Registry No. 98-7196

CHILD

1. NAME (First) Gerard (Middle) Diomari (Last) Luche Te — 2226-A98YB08-8
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 11 December 1998
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Mactan Community Hospital Basak, Lapu-Lapu City
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): 3rd
d. WEIGHT AT BIRTH: 3,250 grams — 1

MOTHER

6. MAIDEN NAME (First) Ma. Epifania (Middle) Cañete (Last) Luche — 1 111298
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 03
b. No. of children still living including this birth: 03
c. No. of children born alive but are now dead: 00 — 22269
10. OCCUPATION: Nurse
11. Age at the time of this birth: 34 years — 1
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): St. Francis Vill. Babag I Lapu-Lapu City — 03 3250

FATHER

13. NAME (First) Dionaldo (Middle) Rosell (Last) Te
14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic — 1 1
16. OCCUPATION: Seaman
17. Age at the time of this birth: 36 years — 03 03 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
December 18, 1993 San Roque Parish Church Subangdaku Mandaue City Cebu

19a. ATTENDANT: X 1 Physician ___ 2 Nurse X 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify) — 066 34

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:03p.m. o'clock am/pm on the date stated above. — 22269

Signature: [signature]
Name in Print: Dr. Sonia Reynes
Title or Position: Attending Physician
Address: Mactan Community Hospital Basak, Lapu-Lapu City
Date: December 11, 1998 — 1 1

20. INFORMANT
Signature: [signature]
Name in Print: Mrs. Ma. Epifania Te
Relationship to the child: Mother
Address: St. Francis Vill. Babag I Lapu-Lapu City
Date: December 11, 1998 — 020 36

21. PREPARED BY
Signature: [signature]
Name in Print: Ma. Mercedes A. Mariquit
Title or Position: Medical Records In-Charge
Date: December 11, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: Mrs. Eliza P. Ycong
Title or Position: City Civil Registr
Date: December 11, 1998 — 1

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority