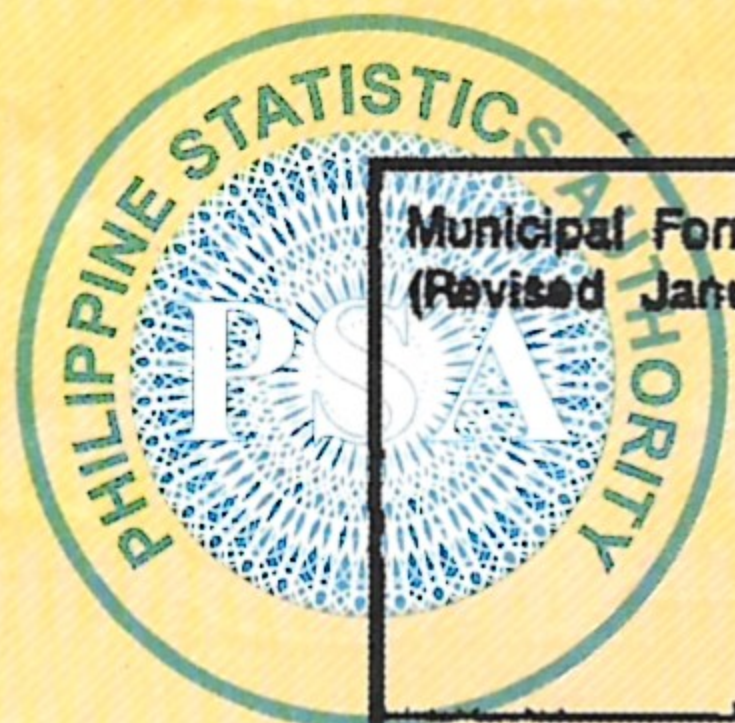


(Copy for OCRG)



Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION				
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 <u>CEBU</u>			Registry No. <u>2000-1308</u>					
City/Municipality <u>MANDAUE CITY</u>								
CHILD	1. NAME (First) (Middle) (Last) <u>MARY URIEL CAHUROG ALVAREZ</u>		For OCRG USE ONLY: Population Reference No. <u>2230300FV03-8</u>					
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>29 MARCH 2000</u>					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CANDUMAN, MANDAUE CITY CEBU</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>50001308</u> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <u>290300</u> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <u>20301</u> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <u>22</u> <u>3171</u> 53 <input type="checkbox"/> <input type="checkbox"/> 54 <input type="checkbox"/> 55 <u>02</u> <u>03</u> <u>00</u> 56 <input type="checkbox"/> <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 71 <input type="checkbox"/> <input type="checkbox"/> 72 <input type="checkbox"/> <input type="checkbox"/> 73 <input type="checkbox"/> <input type="checkbox"/> 74 <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> 76 <input type="checkbox"/> <input type="checkbox"/> 77 <input type="checkbox"/> <input type="checkbox"/> 78 <input type="checkbox"/> <input type="checkbox"/> 79 <input type="checkbox"/> <input type="checkbox"/> 80 <input type="checkbox"/> <input type="checkbox"/> 81 <input type="checkbox"/> <input type="checkbox"/> 82 <input type="checkbox"/> <input type="checkbox"/> 83 <input type="checkbox"/> <input type="checkbox"/> 84 <input type="checkbox"/> <input type="checkbox"/> 85 <input type="checkbox"/> <input type="checkbox"/> 86 <input type="checkbox"/> <input type="checkbox"/> 87 <input type="checkbox"/> <input type="checkbox"/> 88 <input type="checkbox"/> <input type="checkbox"/> 89 <input type="checkbox"/> <input type="checkbox"/> 90 <input type="checkbox"/> <input type="checkbox"/> 91 <input type="checkbox"/> <input type="checkbox"/> 92 <input type="checkbox"/> <input type="checkbox"/> 93 <input type="checkbox"/> <input type="checkbox"/> 94 <input type="checkbox"/> <input type="checkbox"/> 95 <input type="checkbox"/> <input type="checkbox"/> 96 <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/> <input type="checkbox"/> 99 <input type="checkbox"/> <input type="checkbox"/> 00 <input type="checkbox"/> <input type="checkbox"/>				
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____					
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams					
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>SATURNINA ORAIN CAHUROG</u>							
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>R.C.</u>					
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		c. No. of children born alive but are now dead: <u>0</u>			
	10. OCCUPATION <u>H.K.</u>		11. Age at the time of this birth: <u>22</u> years					
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CANDUMAN, MANDAUE CITY CEBU</u>							
FATHER	13. NAME (First) (Middle) (Last) <u>ERIC SASIDOR ALVAREZ</u>							
	14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>R.C.</u>					
	16. OCCUPATION <u>LABORER</u>		17. Age at the time of this birth: <u>25</u> years					
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>SEPTEMBER 5, 1998 CANDUMAN, MANDAUE CITY</u>								
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____								
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:30 A.M.</u> o'clock am/pm on the date stated above.								
Signature <u>[Signature]</u> Name in Print <u>ERLINDA MAYOL SUMAMPONG</u> Title or Position <u>MIDWIFE II</u>			Address <u>CANDUMAN, MANDAUE CITY</u> Date <u>MARCH 29, 2000</u>					
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ERLINDA M. SUMAMPONG</u> Relationship to the child <u>MIDWIFE II</u>			Address <u>CANDUMAN, MANDAUE CITY</u> Date <u>MARCH 29, 2000</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ERLINDA M. SUMAMPONG</u> Title or Position <u>MIDWIFE II</u> Date <u>3-29-2000</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>FLAVIANA C. BASHA</u> Title or Position <u>Ci-II Registrar</u> Date <u>APR 01 2000</u>					

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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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