



(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 <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 3a, 6b and 15a.)</small>				
Province <u>Cebu</u> City/Municipality <u>Lapu-Lapu City</u>		Registry No. <u>77-292</u>		
CHILD MOTHER FATHER	1. NAME (First) (Middle) (Last) <u>Naeh</u> <u>Cagayanan</u> <u>Kawarada</u>		For OCRG (Use Only) Population Statistics Dept. 226-A99-B03-7	
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>11</u> January 199 <u>9</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Mactan Community Hospital Basak, Lapu-Lapu City Cebu</u>		TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR	
	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) (first, second, third, etc.) <u>2nd</u>		d. WEIGHT AT BIRTH <u>3,650</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Rosalie</u> <u>Abilo</u> <u>Cagayanan</u>		7. CITIZENSHIP <u>Filipino</u>		
8. RELIGION <u>Aglipay</u>		9a. Total number of children born alive: <u>2</u>		
9b. No. of children still living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>36</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>2nd Lu2 Lai Apt. Basak Vistabella Lapu-Lapu City Cebu</u>		13. NAME (First) (Middle) (Last) <u>Noboru</u> <u></u> <u>Kawarada</u>		
14. CITIZENSHIP <u>Japanese</u>		15. RELIGION <u>Henocism</u>		
16. OCCUPATION <u>Engineer</u>		17. Age at the time of this birth: <u>63</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>February 13, 1987-Philippine Independent Church, Bacolod City</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Helet (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>4:04</u> o'clock <u>am/pm</u> on the date stated above.		
Signature <u>Dr. Emma Montesclaros</u> Name in Print <u>Attending Physician</u> Title or Position <u>Attending Physician</u>		Address <u>Mactan Community Hosp. Basak, Lapu-Lapu City</u> Date <u>January 11, 1999</u>		
20. INFORMANT Signature <u>Rosalie Kawarada</u> Name in Print <u>Mother</u> Relationship to the child <u>Mother</u>		Address <u>2nd Lu2 Lai Apt. Basak Vistabella, LUC</u> Date <u>January 11, 1999</u>		
21. PREPARED BY Signature <u>Michelle M. Alpuizar</u> Name in Print <u>Medical Records Clerk</u> Title or Position <u>Medical Records Clerk</u> Date <u>January 11, 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Mrs. Eliza P. Ycong</u> Name in Print <u>City Civil Registrar</u> Title or Position <u>City Civil Registrar</u> Date <u>January 15, 1999</u>		

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

