



No. 102 (Revised Dec. 1, 1954)

(TO BE ACCOMPLISHED IN DUPLICATE)

DECLARATION OF LIVE BIRTH

FILL IN ALL SPACES ACCURATELY, LEGIBLE IN INK OR TYPEWRITER

Register Number

(a) Civil Registrar General No. RP 412  
(b) Local Civil Registrar No. 200

1. a. Province Misamis Oriental  
b. City or Municipality El Salvador  
c. Place of birth Cagayan de Oro City  
Misamis Oriental  
d. City or Municipality Cagayan de Oro City  
e. Name of hospital or institution (if not in hospital, give street address) Madona and Child Hospital  
f. Is place of birth inside city limits? Yes  No

2. a. Usual residence of mother (unless born in hospital) Pop. El Salvador, Mis. Ori.  
b. City or Municipality Cagayan de Oro City  
c. Number and street 107  
d. Is residence inside city limits? Yes  No   
e. Is residence on a public street? Yes  No

3. Name (Type or print) First Roger Charles Middle Sereno Last Urbano, Jr.

CHILD

MOTHER

FATHER

4. Sex Male 5a. This birth single 5b. If twin or triplet, was child 1st 6. Date of Birth 22 July 1954 Year

7. Name First Rosario Middle St. Last Urbano Religion Rom. Cath. 8. Nationality Fil. 8a. Race Brown

9. Age (at time of this birth) 10 10. Birthplace El Salvador, Mis. Ori. 11a. Usual occupation Sailor 11b. Kind of business or industry

12. Maiden name Edna 13. Name Edna Kohaven Aerrano Religion Baptist 14. Nationality Filipino 15a. Race Brown

14. Age (at time of this birth) 30 15. Birthplace Mesa, Davao del Norte 16. Previous deliveries to mother (Do not include this birth) 9

17a. Informant's Signature: Edna S. Urbano b. Name in print, EDNA S. URBANO

c. Address Poblacion, El Sal., Mis. Ori. 18. Mother's Address: (Number, Street, City or Municipality, Province) Poblacion, El Salvador, Misamis Oriental

ATTENDANT AT BIRTH

19. I hereby certify that I attended the birth of this child who was born alive Yes 2005 2005 2005 on the date and place indicated

a. Signature: DR. PONCHA BIE, MD  
b. Name in print: DR. PONCHA BIE, MD  
c. Address: Cagayan de Oro

20. Received in the office of the local civil registrar by:  
a. Signature: VIRMA S. DINGITALU  
b. Name in print: DR. PONCHA BIE, MD  
c. Title of position: LOCAL CIVIL REGISTRAR  
d. Date: 25 July 1954

d. Date signed by attendant at birth: 25 July 1954

d. Title of attendant at birth: MD  
e. Name: DR. PONCHA BIE

21. a. Given name added from supplemental report 30

b. Date when given name was added 1

21. Legitimate Yes 22. This certificate is prepared by: 99

Signature: OSIO

Name in print: OSIO  
Title of position: OSIO

24. Date and place of marriage of parents (for legitimated birth) Dec. 25 1936 Nati, Davao Oriental

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