

(Copy for OCRG)


 National 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 18a.)

Province <u>CEBU</u> City/Municipality <u>CEBU CITY</u>		Registry No. <u>99 04857</u>		REMARKS/ANNOTATION
1. NAME (First) <u>FRANCES</u> (Middle) <u>Modesto</u> (Last) <u>Sabunacion</u>		3. DATE OF BIRTH (day) (month) (year) <u>19 February 1999</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Vicente Sotto Memorial Med. Center Cebu City Cebu</u>		
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>3629</u> grams		
6. MAIDEN NAME (First) <u>Lorna</u> (Middle) <u>Sales</u> (Last) <u>Modesto</u>		7. CITIZENSHIP <u>Filipino</u>		
8. RELIGION <u>R. Catholic</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>Housewife</u>		11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>San Vicente, Cati Liloan, Cebu</u>		13. NAME (First) <u>Froilan</u> (Middle) <u>Galban</u> (Last) <u>Cabunoc</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>R. Cath</u>		
16. OCCUPATION <u>Driver</u>		17. Age at the time of this birth: <u>38</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>October 5, 1987 Rosario, Cavite</u>				For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>99 048 57</u> 48 <u>1</u> 49 <u>1</u> 50 <u>19 02 99</u> 56 <u>22 1 78</u> 61 <u>1</u> 62 <u>02</u> 64 <u>06 29</u> 68 <u>1</u> 69 <u>1</u> 70 <u>02</u> 72 <u>02</u> 74 <u>00</u> 76 <u>2 20</u> 79 <u>29</u> 81 <u>22 2 77</u> 86 <u>1</u> 87 <u>1</u> <u>2262</u> 88 <u>98 5</u> 91 <u>88</u> 93 <u>1</u> <u>10/05/87</u> 94 <u>1</u> <u>2170</u> <u>03/10/99</u>
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (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>9:28 am</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>VSMHC CEBU CITY CEBU</u> Name in Print <u>Dr. Ma. Irma Rianza</u> Title or Position <u>Med. Officer III</u> Date <u>19 February 1999</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>San Vicente, Yati Liloan, Cebu</u> Name in Print <u>LORNA CAMEROS</u> Relationship to the child <u>Mother</u> Date <u>19 February 1999</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ARACELI MATA</u> Title or Position <u>Nurse</u> Date <u>19 February 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUJIA M. DE NITO</u> Title or Position <u>REGISTRAR GENERAL</u> Date <u>19 February 1999</u>		

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