PHILIPPINE STATISTICS AUTHORITY PSA

(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.)

1080
1070

Province: CEBU
City/Municipality: CEBU CITY

Registry No. 97-1027

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 7 - 0 2 7

CHILD

1. NAME: (First) SHEBELLE (Middle) ALCARIA (Last) CUEVA

2. SEX: ___ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 10 (month) JANUARY (year) 1997

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No. Street, Barangay) PERPETUAL SUCCOUR HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

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.): FIRST

d. WEIGHT AT BIRTH: 3000 grams

48: 1

MOTHER

6. MAIDEN NAME: (First) MARITA (Middle) ALBARAN (Last) ALCARIA

49: 2 50: 1 0 0 1 9 7

7. CITIZENSHIP: FILIPINO

8. RELIGION: ROMAN CATHOLIC

58: 2 2 1 7 6

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: none

61: 1

10. OCCUPATION: GOV'T. EMPLOYEE

11. Age at the time of this birth: 30 years

12. RESIDENCE: (House No., Street, Barangay) LAMACAN, ARGAO, (City/Municipality) CEBU (Province)

62: 0 1 64: 3 0 0 0

FATHER

13. NAME: (First) MANUEL (Middle) LANTICSE (Last) CUEVA

68: 1 69: 1

14. CITIZENSHIP: FILIPINO

15. RELIGION: ROMAN CATHOLIC

16. OCCUPATION: FARMER

17. Age at the time of this birth: 27 years

70: 0 1 72: 0 1 74: 0 5

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): FEBRUARY 03,1996- ARGAO CEBU

76: Y 2 0 79: 3 0

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

81: 2 0 5 5 3

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 7:33 PM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: CLARA CREBO, M.D.
Title or Position: ATTENDING PHYSICIAN
Address: PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE CEBU CITY
Date: JANUARY 11,1997

86: 1 87: 1

20. INFORMANT

Signature: [signature]
Name in Print: MANUEL L. CUEVA
Relationship to the child: FATHER
Address: LAMACA, ARGAO, CEBU
Date: JANUARY 11,1997

88: 6 1 9 91: 2 7

21. PREPARED BY

Signature: [signature]
Name in Print: VICTORIA L. CAMPOS
Title or Position: MEDICAL RECORD CLERK
Date: JANUARY 11,1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: EVELYN A. ABADILLA
Title or Position: CLERK
Date: JAN 16 1997

93: 1 02/03/96 22053

94: 1 01/16/97

07097-78-999MST-00642-BI001

BEST POSSIBLE IMAGE

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BReN
02217-A97BA11-3

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