(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: Negros Occidental
City/Municipality: San Carlos City
Registry No.: 95-1915

For OCRG USE ONLY: Population Reference No.: 4524-A95KU02-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: Occ. 5 0 1 9 1 5

CHILD

1. NAME: (First) NNEKA MAILEE (Middle) CAPEÑA (Last) DE LOS REYES

2. SEX: ____ 1 Male X 2 Female

3. DATE OF BIRTH: (day) 28 (month) May (year) 1995

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
San Carlos Planters' & Laborers' Hosp., San Carlos City, Neg. Occ.

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.): 3rd

d. WEIGHT AT BIRTH: 3856 grams

48: 1

MOTHER

6. MAIDEN NAME: (First) BERNADITA (Middle) POSAS (Last) CAPEÑA

49: 2 50: 1 8 0 9 9

7. CITIZENSHIP: Filipino

8. RELIGION: Roman Catholic

56: 4 5 2 4

9a. Total number of children born alive: 3

b. No. of children still living including this birth: 3

c. No. of children born alive but are now dead: 0

61: 1

10. OCCUPATION: Housekeeper

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

12. RESIDENCE: (House No., Street, Barangay) (City/Municipality) (Province)
Sampaguita St., San Julio Subd., San Carlos City, Neg. Occ.

62: 0 2 64: 3 8 5 6

FATHER

13. NAME: (First) ELISIO (Middle) HONORIO (Last) DE LOS REYES JR.

68: 1 69: 1

14. CITIZENSHIP: Filipino

15. RELIGION: Roman Catholic

16. OCCUPATION: (SMC- AQUA BSPP) Employee

17. Age at the time of this birth: 32 years

70: 0 2 72: 0 3 74: 0 0

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
July 7, 1984 - Baybay, Leyte

76: 2 0 79: 2 7

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

81: 4 2 4 5

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:18 o'clock A.M./P.M. on the date stated above.

Signature: [signature] M.D.
Name in Print: YVONNE B. MAISOG, M.D.
Title or Position: Attending Physician
Address: SCPLH, San Carlos City, Negros Occidental
Date: May 30, 1995

86: 1 87: 1 10/0

20. INFORMANT

Signature: [signature]
Name in Print: ELISIO H. DE LOS REYES JR.
Relationship to the child: Father
Address: Sampaguita St., San Julio Subd., S.C.C.
Date: May 30, 1995

88: 2 0 91: 3 2

21. PREPARED BY

Signature: [signature]
Name in Print: CYNTHIA NINONUEVO
Title or Position: midwife
Date: May 30, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: [illegible]
Title or Position: [illegible]
Date: 06-07-95

93: 1 670784 37085 06-7-95

94: 1

06723-50-999CCV-08005-BI001

BEST POSSIBLE IMAGE

BReN
04524-A95KU04-8

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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