

Municipal Form No. 102
(Revised 1963)

(To be accomplished in Triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE <u>Cebu</u>			LOCAL CIVIL REGISTRY NO. <u>92-331</u>		
CITY/MUNICIPALITY <u>Cebu City</u>					
1. NAME (First) <u>Mary Ruby Ann</u>		(Middle) <u>Labay</u>	(Last) <u>Martinez</u>		
2. SEX (Place 'X' on appropriate answer) <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (Day) <u>3</u>		(Month) <u>Sept.</u>	(Year) <u>1997</u>
4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) <u>Lavis Paal</u>		(City/Municipality) <u>Cebu City</u>		(Province) <u>Cebu</u>	
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Three or more			b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Third, 4th, etc.		
6. MAIDEN NAME (First) <u>Anna</u>		(Middle) <u>A.</u>	(Last) <u>Labay</u>	7. NATIONALITY <u>Fil.</u>	
8. RELIGION <u>R.C.</u>		9. NAME (First) <u>Ruberto</u>		(Middle) <u>T.</u>	(Last) <u>Martinez</u>
10. NATIONALITY <u>Fil.</u>		11. RELIGION <u>R.C.</u>		12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) <u>March 15, 1989 Santayan Deland</u>	
13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:00</u> o'clock <u>(am)</u> on the date stated above.					
Signature <u>[Signature]</u>		Address <u>Recy Health Center</u>			
Name in print <u>Dominic B. Aquilon</u>		City <u>Cebu City</u>			
Title or position <u>PHM III</u>		Date <u>Sept. 5, 1997</u>			
14. INFORMANT					
Signature <u>[Signature]</u>		Address <u>Lavis Paal</u>			
Name in print <u>Anna L. Martinez</u>		City <u>Cebu City</u>			
Relationship to child <u>Mother</u>		Date <u>Sept. 5, 1997</u>			
15a. PREPARED BY			b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR		
Signature <u>[Signature]</u>		Signature <u>WILLY A. NUNEZ</u>			
Name in print <u>Dominic B. Aquilon</u>		Name in print <u>CLERK III</u>			
Title or position <u>PHM III</u>		Title or position <u>LATE RC'D 10/1/97</u>			
Date <u>Sept. 5, 1997</u>		Date <u>2110</u>			
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT			b. DATE WHEN INFORMATION WAS SUPPLIED		

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)