



(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.)

Province Cebu Registry No. 2000-719
City/Municipality Panoragan

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
Mary Margaret Baraga Florito

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
25 May 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Sambagan Panoragan Cebu

5a. TYPE OF BIRTH 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.) d. WEIGHT AT BIRTH
5th 3175 grams

6. MAIDEN NAME (First) (Middle) (Last)
Bernadita Hernandez Baraga

7. CITIZENSHIP Phil. 8. RELIGION R.C.

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION H.W. 11. Age at the time of this birth: 36 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sambagan Panoragan Cebu

13. NAME (First) (Middle) (Last)
Marcos Tapales Florito

14. CITIZENSHIP Phil. 15. RELIGION R.C.

16. OCCUPATION John 17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 23, 1993 @ Panoragan Cebu

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:00 o'clock am/pm on the date stated above.

Signature [Signature] Address [Address]
Name in Print [Name] Title or Position [Title]
Date [Date]

20. INFORMANT
Signature [Signature] Address [Address]
Name in Print [Name] Title or Position [Title]
Relationship to the child [Relationship] Date [Date]

21. PREPARED BY
Signature [Signature] Address [Address]
Name in Print [Name] Title or Position [Title]
Date [Date]

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print IRETHA ARELLANA
Title or Position MUN CIVIL REGISTRAR
Date 6-06-2000

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 0000719

48 1

49 50 2 25052000

56 22370

61 1

62 64 04 0175

68 69 1 1

70 72 74 04 04 00

76 79 220 36

81 22370

86 87 1 1

88 91 999 28

93 14

94 4

000032

04302-93-400RPP-00595-BI020

BEST POSSIBLE IMAGE



T400043024000059510122011020

GH500273810

BReN
02237-B00KR02-7

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office