



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1990)		(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 <u>Cebu</u>			Registry No. <u>99 30013</u>		
City/Municipality <u>Cebu City</u>					
1. NAME (First) (Middle) (Last) <u>SHARYL MOARIE VILLAJOS JURADO</u>		2. SEX <u>1. Male</u> <input type="checkbox"/> <u>2. Female</u> <input checked="" type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>26 NOV. 1999</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Cogon, Pardo, Cebu City, Cebu</u>		5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> 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.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>2272</u> grams		41 <u>7 9 3 0 0 1 3</u>	
6. MAIDEN NAME (First) (Middle) (Last) <u>Elvira Villajos Jurado</u>		7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>ONE</u>		b. No. of children still living including this birth: <u>ONE</u>		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>None</u>		11. Age at the time of this birth: <u>23</u> years		48 49 50 <u>2 2 4 1 9 7</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Cogon, Pardo, Cebu City, Cebu</u>		13. NAME (First) (Middle) (Last) <u>N/A</u>		14. CITIZENSHIP <u>N/A</u>	
15. RELIGION <u>N/A</u>		16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u>N/A</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>					
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:00 AM</u> o'clock am/pm on the date stated above.		Signature <u>Silvestra Badana</u> Address <u>Tugas Pardo, Cebu City</u> Name in Print <u>SILVESTRA BADANA</u> Date <u>Dec. 1, 1999</u> Title or Position <u>Hilot</u>	
20. INFORMANT Signature <u>Elvira Jurado</u> Address <u>Cogon, Pardo, Cebu City</u> Name in Print <u>ELVIRA JURADO</u> Date <u>Dec. 1, 1999</u> Relationship to the child <u>Mother</u>		21. PREPARED BY Signature <u>Silvestra Badana</u> Name in Print <u>Silvestra Badana</u> Title or Position <u>Hilot</u> Date <u>Dec. 1, 1999</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LOUELLA N. DE JESUS</u> Name in Print <u>LOUELLA N. DE JESUS</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>DEC 1 1999</u>	
				61 <u>2 2 1 7 5</u>	
				62 64 <u>2 2 1 7 5</u>	
				68 69 <u>1 1</u>	
				70 72 74 <u>2 2 1 7 5</u>	
				76 79 <u>2 2 1 7 5</u>	
				80 87 <u>2 2 1 7 5</u>	
				88 91 <u>2 2 1 7 5</u>	
				93 <u>NA</u>	
				94 <u>R/103/99</u>	

04240-CF-400ADT-00068-BI001

BEST POSSIBLE IMAGE



T40004240400006808112011001
EH600404333

BRn
02217-A99XS1H-9

Documentary
Stamp Tax Paid

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