

(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.)

REMARKS/ANNOTATION

Province _____ Registry No. 99-2337
City/Municipality CEBU

1. NAME TALISAY (First) _____ (Middle) _____ (Last) ABAS
2. SEX GIRL 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year) 23 07 1999

For OCRG USE ONLY:
Population Reference No.
2250A99RP01-4

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) 23 ABAS (Province)
House No., Street, Barangay) _____

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

5a. TYPE OF BIRTH STATIONER MEDICAL CLINIC, HASTURCO, TALISAY, CEBU
 1 Single 2 Twin 1 First 2 Second
 3 Triplet, etc. 3 Others, Specify _____
b. IN MULTIPLE BIRTH, CHILD WAS
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) _____
d. WEIGHT AT BIRTH _____ grams

41 9902337

6. MAIDEN NAME BRENDA (First) _____ (Middle) FORTUNA (Last)

48 1

7. CITIZENSHIP FILIPINO RELIGION ROMAN CATHOLIC

49 50 2 230899

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

56 22509

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 25 years

61 1

12. RESIDENCE HOUSEWIFE (House No., Street, Barangay) _____ (City/Municipality) _____ (Province) _____

62 64 632200

13. NAME NAGHAWAY, TALISAY (Last) CEBU (First) _____ (Middle) _____ (Last) ABAS

68 69 1 1

14. CITIZENSHIP FILIPINO RELIGION ROMAN CATHOLIC

16. OCCUPATION FORKLIFT OPERATOR 11. Age at the time of this birth: 29 years

70 72 74 03 63 00

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

19a. ATTENDANT 7, 1996 TALISAY, CEBU
 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify) _____

76 79 220 23

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock
am/pm on the date stated above. 4:48 am

81 22509

Signature _____ Address _____
Name in Print _____

Title or Position ROSGARIA R. SIMBAJON MONOC HOMES, TALISAY, CEBU
20. INFORMANT PHYSICIAN AUG. 31, 1999

86 87 1 00269

Signature _____ Address _____
Name in Print _____

Relationship to the BRENDA P. ABAS MAGHAWAY, TALISAY, CEBU
21. PREPARED BY MOTHER Aug 31 1999

88 X 2

Signature _____ Address _____
Name in Print _____

Title or Position TIFFANI P. SANCHEZ SEVERINO A. AMODIA
Date 8-31-99 MUN. CIVIL REGISTRAR

89 1

94 1



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BEST POSSIBLE IMAGE



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

