



Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 12 2074
CITY/MUNICIPALITY Cebu City

NAME (First) JASPER (Middle) CABALLERO (Last) CLAR
SEX (Place "x" on appropriate answer) Male Female 3 DATE OF BIRTH (Day) 27 (Month) NOVEMBER (Year) 1989
4 PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU
5 a. TYPE OF BIRTH (Place "x" on appropriate answer) Single Twin Three or more b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
6 MAIDEN (First) LILIA (Middle) TANUDTANUD (Last) CABALLERO 7 NATIONALITY Filipino 8 RELIGION Roman Catholic
9 NAME (First) JOSE (Middle) FORRO (Last) CLAR 10 NATIONALITY Filipino 11 RELIGION Roman Catholic
12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) February 12, 1984; Rosario, Aloguianan, Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:35 o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address c/o Diaz Bldg., Cebu City
Name in print CARMENCITA N. FERNAN, M.D.
Title or position Attending Physician Date December 02, 1989

14 INFORMANT
Signature [Signature] Address 196 Rizal Avenue, Cebu City
Name in print LILIA CABALLERO CLAR
Relationship to child Mother Date November 29, 1989

15 a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Signature [Signature]
Name in print MA. MAGDALENA M. RIAS Name in print [Signature]
Title or position Clerk-Record Section Title or position [Signature]
Date December 02, 1989 Date [Signature]

16 a INFORMATION GIVEN IN SUPPLEMENTAL REPORT b DATE WHEN INFORMATION WAS SUPPLIED 1090

(Important: Informant should also provide information for items 12 to 25. The code boxes are to be filled out at the office of the Local Civil Registrar.)

PROVINCE Cebu Local Civil Registry No. 1902094 Registration Status 1
CITY/MUNICIPALITY Cebu City
17 Weight of Birth (In grams) 2,720 Grams 18 Birth Order of Child Ex. First, Second, etc. Second
19 a. Total Number of Children Born Alive Two 22 b. How many children are now living including this birth? Two 24 c. How many children were born alive but are now dead None 28
20 Usual Occupation EMPLOYEE 21 Age at the time of this Birth 32 yrs. old
22 Usual Residence (Barangay) 196 Rizal Avenue, (City/Municipality) Cebu City, (Province) Cebu
23 Usual Occupation BUSINESSMAN 24 Age at the time of this Birth 31 yrs. old
25 Attendant of Birth (Place "x" on appropriate answer) 1. Physician 2. Nurse 3. Midwife 4. Hilot 5. Others

Sex Male Female Date of Birth 27 11 89 Place of Birth 22 17 8 Mother's Nationality Foreign Filipino Father's Nationality Foreign Filipino
NAME OF CHILD First JASPER M.I. C Last CLAR

05616-D4-999OLM-04713-BI001

BEST POSSIBLE IMAGE



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BReN
02217-A89WTOZ-9
Documentary
Stamp Tax Paid

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

