

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

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. 99 13040
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ALLEAH MEA MORENO PUTOL

2. SEX Male 3. DATE OF BIRTH (day) (month) (year)
23 MAY 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH X 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) 2ND (first, second, third, etc.)
d. WEIGHT AT BIRTH 3530 grams

6. MAIDEN NAME (First) (Middle) (Last)
DANILA SENCERO MORENO

7. CITIZENSHIP PHILIPPINE 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
439 ESCARIO ST., LAHUG, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
ARISTEO TOSLO PUTOL

14. CITIZENSHIP PHILIPPINE 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION DRIVER 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOVEMBER 24, 1996, TABUELAN, CEBU

19a. ATTENDANT X 1. Physician 2 Nurse 3 Midwife
4 Hillot (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 3:24 o'clock am/pm on the date stated above.

Signature Maria Cielito D. Esperon Address BAGASO AVENUE, CEBU CITY
Name in Print MARIA CIELITO D. ESPERON
Title or Position M.D. Date MAY 23, 1999

20. INFORMANT
Signature Danila Putol Address 439 ESCARIO ST., LAHUG, CEBU CITY
Name in Print DANILA PUTOL
Relationship to the child MOTHER Date MAY 23, 1999

21. PREPARED BY
Signature Justina J. Claudio
Name in Print JUSTINA J. CLAUDIO
Title or Position NURSE
Date MAY 23, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Emilia N. Dela Cruz
Name in Print EMILIA N. DELA CRUZ
Title or Position REGISTRAR GENERAL
Date MAY 23, 1999

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41

9913040

48

1

49

50

2 230599

56

22178

61

1

62

64

02 3630

68

69

1

1

70

72

74

02 03 00

76

79

390

23

81

22178

86

87

1

1

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88

91

983

23

93

1

11/24/96

22991

94

1

06/11/99