



(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, 3, 5b and 19a.)

Province CEBU Registry No. 2001 08305
 City/Municipality CEBU CITY

CHILD

1. NAME CHRISTINE JOY (First) ALAGDE (Middle) ADORE (Last)
 2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year) 19 MARCH 2001

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

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 (five births and fetal deaths including this delivery) (first, second, third, etc.) _____ gams
 d. WEIGHT AT BIRTH 2900 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last) CHRISTINE ALAGDE ADORE
 7. CITIZENSHIP PHILIPPINE B. RELIGION AGLON

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: _____

10. OCCUPATION _____ 11. Age at the time of this birth: _____ years
 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) HOUSE CEBU CITY CEBU

FATHER

13. NAME SILVIO LAMBOY (First) ADORE (Middle) ADORE (Last)
 14. CITIZENSHIP PHILIPPINE 15. RELIGION ADORE
 16. OCCUPATION PHILIPPINE 17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOVEMBER 20, 1996 CEBU CITY

19a. ATTENDANT NOVEMBER 20, 1996 CEBU CITY
1 Physician 2 Nurse 3 Midwife
X 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 _____ o'clock _____ am/pm on the date stated above. 4:45 PM

Signature _____ Address NO. BACALBO AVENUE,
 Name in Print SALLY R. ARAN CEBU CITY
 Title or Position _____ Date MARCH 10, 2001

20. INFORMANT
 Signature _____ Address SILVIO LAMBOY,
 Name in Print JOSIE ADUREZ CEBU CITY
 Relationship to the child MOTHER Date MARCH 12, 2001

21. PREPARED BY
 Signature _____
 Name in Print JUSTINA D. CLAUDIO
 Title or Position D.N. NURSE
 Date MARCH 19, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print AGNES C. HERAPO
 Title or Position CLERK I
 Date MARCH 19, 2001

REMARKS/ANNOTATION

For OCRG USE ONLY. Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____
 46 _____
 49 50 _____
 55 _____
 61 _____
 62 64 _____
 68 69 _____
 70 72 74 _____
 76 79 _____
 81 _____
 86 87 _____
 88 91 _____
 93 _____
 94 _____

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 BEST POSSIBLE IMAGE



BReN
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 Documentary
 Stamp Tax Paid

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