



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.)

REMARKS/ANNOTATION

Province CEBU Registry No. 99 15314
 City/Municipality CEBU CITY

1. NAME (First) GOLDA (Middle) (Last) MANIGOS

For OCRG USE ONLY:
 Population Reference No.

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 30 JUNE 1999

TO BE FILLED UP AT THE
 OFFICE OF THE CIVIL
 REGISTRAR

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

41 9915314

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

48 1

6. MAIDEN NAME (First) (Middle) (Last) ALMIN CAMPANILLA MANIGOS

49 50 2 300699

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

56 22178

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

61 1

10. OCCUPATION NONE 11. Age at the time of this birth: 24 years

62 64 02 2850

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) TISA, LABANGON, CEBU CITY, CEBU

68 69 1 1

13. NAME (First) (Middle) (Last) UNKNOWN

70 72 74 02 02 00

14. CITIZENSHIP N.A. 15. RELIGION N.A.

76 79 290 24

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

81 22178

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

86 87 1 1

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

88 91 111 111

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 1:05 o'clock am/pm on the date stated above.

93 2 NA

Signature DOROTHY V. SAGALES Address N. BACALSO AVENUE, CEBU CITY
 Name in Print Title of Position M.D. Date JUNE 30, 1999

94 1

20. INFORMANT Signature Almin Manigos Address TISA, LABANGON, CEBU CITY
 Name in Print ALMIN MANIGOS Relationship to the child MOTHER Date JUNE 30, 1999

99144

21. PREPARED BY Signature Justina D. Claudio
 Name in Print JUSTINA D. CLAUDIO Title of Position D.R. NURSE Date JUNE 30, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature AGNES C. DENA
 Name in Print Title of Position CLERK-3 Date 7/12/99

08111-50-999R18-09543-BI001
 BEST POSSIBLE IMAGE
 081119990954303172022001
 QP200214795

BReN
 02217-A99MW0S-2
 Documentary
 Stamp Tax Paid

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

