



(Copy for CGRO)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)					
Province <u>Cebu</u>			Registry No. <u>2001-593</u>		
City/Municipality <u>Naga</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>Lym Mae Alinsorin Obaros</u>				
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>31 March 2001</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>VISMO Naga Cebu</u>				
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>  </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>  </u> 1 First <u>  </u> 2 Second <u>  </u> 3 Others, Specify		<u>010059</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>first</u>		d. WEIGHT AT BIRTH <u>2,100</u> grams		<u>7</u>
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Cleofe Alinsorin Obaros</u>				
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>		<u>2 31032001</u>
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		<u>22343</u>
	c. No. of children born alive but are now dead: <u>0</u>				
	10. OCCUPATION <u>housekeeper</u>		11. Age at the time of this birth: <u>42</u> years		<u>1</u>
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Balirong Naga Cebu</u>				
	13. NAME (First) (Middle) (Last) <u>NA</u>				
	14. CITIZENSHIP <u>NA</u>		15. RELIGION <u>NA</u>		<u>01 2106</u>
	16. OCCUPATION <u>NA</u>		17. Age at the time of this birth <u>NA</u> years		<u>1 1</u>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Illegitimate</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>  </u> 2 Nurse <u>  </u> 3 Midwife <u>  </u> 4 Healer (Traditional Midwife) <u>  </u> 5 Others (Specify)		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:15 am</u> o'clock am/pm on the <u>  </u> day stated above. Signature: <u>[Signature]</u> Name in Print: <u>Dr. Fern Obaros</u> Title or Position: <u>Obstetrician</u> Address: <u>YEMSA, Naga, Cebu</u> Date: <u>April 06, 2001</u>		<u>720 42</u>	
20. INFORMANT Signature: <u>[Signature]</u> Name in Print: <u>Cleofe Obaros</u> Relationship to the child: <u>mother</u> Address: <u>Balirong, Naga, Cebu</u> Date: <u>April 06, 2001</u>		21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>Ina Da Daolong</u> Title or Position: <u>BR</u> Date: <u>April 06, 2001</u>		<u>22343</u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>MARITA A. BALBUENA</u> Title or Position: <u>CIVIL REGISTRAR</u> Date: <u>NAGA-CEBU</u>					

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

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