



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.)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Province _____		Registry No. <u>95-24935</u>		For OCRG USE ONLY: Spulation Reference No. _____  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <input type="checkbox"/> 9124935 48 <input type="checkbox"/> 49 50 <input type="checkbox"/> 021095 55 <input type="checkbox"/> 22178 61 <input type="checkbox"/> 62 64 <input type="checkbox"/> 03 3586 68 69 <input type="checkbox"/> 70 72 74 <input type="checkbox"/> 03 03 00 76 79 <input type="checkbox"/> 220 <input type="checkbox"/> 26 81 <input type="checkbox"/> 22178 86 87 <input type="checkbox"/> 88 91 <input type="checkbox"/> 0530 93 <input type="checkbox"/> 000898 94 <input type="checkbox"/> 22178 100595	
City/Municipality _____		1. NAME (First) <u>Hang Kyle</u> (Middle) <u>Rebarbas</u> (Last) <u>Melicio</u>			
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) <u>2 Oct 1995</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>201 Baransa St Cebu City Cebu</u>		5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.			
5b. IF MULTIPLE BIRTH CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____		c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>3</u>			
d. WEIGHT AT BIRTH <u>3586</u> grams		6. MAIDEN NAME (First) <u>Marisol</u> (Middle) <u>Rebarbas</u> (Last) _____			
7. CITIZENSHIP <u>Fil</u>		8. RELIGION <u>R.C.</u>			
9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>			
c. No. of children born alive but are now dead: <u>None</u>		10. OCCUPATION <u>Housewife</u>			
11. Age at the time of this birth: <u>26</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>701 Baransa St Cebu City Cebu</u>			
13. NAME (First) <u>Lionicio</u> (Middle) _____ (Last) <u>Melicio</u>		14. CITIZENSHIP <u>Fil</u>			
15. RELIGION <u>R.C.</u>		16. OCCUPATION <u>Fitter</u>			
17. Age at the time of this birth: <u>32</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>June 8, 1988 Cebu City Cebu</u>			
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (traditional Midwife) <u>5</u> Others (Specify) _____		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10 pm</u> on the date stated above.			
Signature <u>Marisol D. Sanchez</u> Address <u>201 Baransa St Cebu City</u>		Name in Print <u>MARICEL H. SANchez</u>			
Title or Position <u>Reg Midwife</u> Date <u>Oct 2, 1995</u>		20. INFORMANT Signature <u>Marisol</u> Address <u>201 Baransa St Cebu City</u>			
Name in Print <u>Marisol Rebarbas Melicio</u>		Name in Print <u>Marisol Rebarbas Melicio</u>			
Relationship to the child <u>Mother</u> Date <u>Oct 2, 1995</u>		21. PREPARED BY Signature <u>Marisol D. Sanchez</u>			
Name in Print <u>MARICEL H. SANchez</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____			
Title or Position <u>Reg Midwife</u> Date <u>Oct 2, 1995</u>		Name in Print _____			
Date _____		Title or Position <u>CLERK III</u> Date <u>OCT 05 1995</u>			

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