



(Copy for OCRG)

Municipality Form No. 102 (Revised January 1983)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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 <u>Cebu</u>		Registry No. <u>2002-3041</u>			
City/Municipality <u>Lapu-Lapu City</u>				For OCRG USE ONLY: Population Reference No.	
CHILD	1. NAME (First) (Middle) (Last) CHRISTIAN ALGARME YBAÑEZ				
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 13 May 2002		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) LAPU-LAPU CITY DISTRICT HOSPITAL LAPU-LAPU CITY CEBU				
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others. Specify		
	6. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd (first, second, third, etc.)		7. WEIGHT AT BIRTH 3,500 grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) Dominga Canonigo Algarme				
	7. CITIZENSHIP Filipino		8. RELIGION Roman Catholic		
	9a. Total number of children born alive: 2		9b. No. of children still living including this birth: 2		9c. No. of children born alive but are now dead: 0
	10. OCCUPATION None		11. Age at the time of this birth: 22 years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Babag II Lapu-Lapu City Cebu				
FATHER	13. NAME (First) (Middle) (Last) Rosalie Augusto Ybañez				
	14. CITIZENSHIP Filipino		15. RELIGION Roman Catholic		
	16. OCCUPATION Laborer		17. Age at the time of this birth: 24 years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) May 27, 2000 San Roque Parish				
	19a. ATTENDANT (Uling, Naga, Cebu) <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 4:28 A.M. o'clock am/pm on the date stated above.					
Signature <u>DR. ROSEL B. BAZON</u> Name in Print <u>DR. ROSEL B. BAZON</u> Title or Position <u>Medical Officer III</u>		Address <u>Lapu-Lapu City District Hospital, Lapu-Lapu City</u> Date <u>May 13, 2002</u>			
20. INFORMANT Signature <u>Dominga Ybañez</u> Name in Print <u>DOMINGA YBAÑEZ</u> Relationship to the child <u>Mother</u>		Address <u>Babag II, Lapu-Lapu City</u> Date <u>May 13, 2002</u>			
21. PREPARED BY Signature <u>Zaida M. Bascon</u> Name in Print <u>Zaida M. Bascon</u> Title or Position <u>Nurse I</u> Date <u>May 13, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>ELIZA P. YCANG</u> Name in Print <u>ELIZA P. YCANG</u> Title or Position <u>City Civil Registrar</u> Date <u>May 13, 2002</u>			

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

