



(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

322

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19d.)

Province CEBU City/Municipality CEBU CITY Registry No. 2000 19973

1. NAME (First) (Middle) (Last) TERESA MAR CACERES MAGTALA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 25 JULY 2000

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

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) FIRST (first, second, third, etc.) d. WEIGHT AT BIRTH 3200 grams

6. MAIDEN NAME (First) (Middle) (Last) MARIE VILACORTA CASQUIL

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION BRICKER 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 25 C. FRANCISCO STREET, CEBU CITY

13. NAME (First) (Middle) (Last) MARIE VILACORTA CASQUIL

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION NONE 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) FEBRUARY 25, 2000 - C. FRANCISCO STREET, CEBU CITY SAN NICOLAS DE TOLENTINO PARISH CHURCH

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (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 6:00 pm on the date stated above.

Signature: [Signature] Address: [Address] Name in Print: [Name] Title or Position: [Title] Date: [Date]

20. INFORMANT Signature: [Signature] Address: [Address] Name in Print: [Name] Relationship to the child: [Relationship] Date: [Date]

21. PREPARED BY Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: [Date] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: [Date]

REMARKS/ANNOTATION

2217-000PP33-8

3000199

2 2307200

22178

013250

01 01 00

332 20

22178

290 29

07728-F5-999CPB-01350-BI001

BEST POSSIBLE IMAGE



T089077289990135002272021001

BReN 02217-000PP06-3

Documentary Stamp Tax Paid

CDSM

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

