



Municipal Form No. 102
(Revised January 1993)

(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 Cebu Registry No. San 097

City/Municipality Lapu Lapu city

1. NAME (First) LIENEVELLE (Middle) SAGARAL (Last) BAYAWA

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year) 6 January 2000

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

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 total deaths including this delivery) 1st
(first, second, third, etc.)

d. WEIGHT AT BIRTH 2903 grams

6. MAIDEN NAME (First) Jovy (Middle) Luzano (Last) Sagaral

7. CITIZENSHIP Fil. 8. RELIGION R.C

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 clerk 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
San Isidro Talisay Cebu

13. NAME (First) Renegio (Middle) Layan (Last) Bayawa

14. CITIZENSHIP Fil. 15. RELIGION R.C

16. OCCUPATION driver 17. Age at the time of this birth: 45 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Saint Gabriel Archangel
January 30, 1999 Santander Cebu Roman Catholic Church

19a. ATTENDANT X 1 Physician X 2 Nurse X 3 Midwife
4 Hilol (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 6:46 A.M o'clock
am/pm on the date stated above.

Signature [Signature] Address LLCDH
Name in Print DR. RAMON P. NAVELLANA
Title or Position Attending physician Date Jan. 6, 2000

20. INFORMANT
Signature [Signature] Address San Isidro, Talisay
Name in Print JOY BAYAWA BAYAWA
Relationship to the child mother Date Jan. 6, 2000

21. PREPARED BY
Signature [Signature]
Name in Print SAYRIL TORRIG
Title or Position Staff nurse
Date Jan. 6, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ELIZABETH YONG
Title or Position CCB
Date Jan 19, 2000

22367/2000241-2

3000033

1

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22269

1

012903

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010100

389 25

22669

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985 45

1

1

08097-G8-400DLA-00096-BI001

BEST POSSIBLE IMAGE



T400080974000009603032022001
KP500354930

BReN
02226-B00B602-3

Documentary
Stamp Tax Paid

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

