



(Copy for OCRG)

Municipal Form No. 102
Revised January 1993
(To be accomplished in quadruplicate)
Republic of the Philippines
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.)

REMARKS/ANNOTATION

Province Cebu Registry No. 94 2174
City/Municipality Danao City

CITY CIVIL REGISTRAR'S OFFICE
SEP 30 1994

1. NAME (First) (Middle) (Last)
LARRY MA BIDA D MODALES
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
18 Sept 1994
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Danao General Hospital, Danao City, Cebu
5a. TYPE OF BIRTH 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, second, third, etc.) First
d. WEIGHT AT BIRTH 7.5 lbs. grams

FOR OCRG USE ONLY:
Population Reference No.
223-A94SJ06-7
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)
Florita Dominga Modales
7. CITIZENSHIP Fl. D. M.
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 Private Employee
11. Age at the time of this birth: 22 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Poblacion, Carmen, Cebu

41 94102174
48 1
49 50 1 1510999
56 23200

13. NAME (First) (Middle) (Last)
Lope Trocio Morales
14. CITIZENSHIP Fl. R.C.
15. RELIGION Morales
16. OCCUPATION Student
17. Age at the time of this birth: 28 years

61 1
62 64 01 3900
68 69 1 1

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
April 30, 1994 - Puerto Princesa, Cebu City
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify _____)

70 72 74 01 01 00
76 78 X 20 25

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:30 a.m. o'clock am/pm on the date stated above.

81 22152
87 04209
88 1 1
89 2215
90 0724

Signature [Signature] Address Danao General Hospital
Name in Print NICOLET L. ROBLE, M.D. Danao City
Title or Position Medical Registrar III Date September 18, 1994

20. INFORMANT
Signature [Signature] Address Poblacion, Carmen, Cebu
Name in Print LOPE T. MORALES
Relationship to the child Father Date September 21, 1994

91 220 28
92 1
93 1
94 1

21. PREPARED BY
Signature [Signature]
Name in Print CARMEL T. ALBAO
Title or Position Med. Rec'ds.-In-Charge Date September 21, 1994
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ANTONIETA M. AVILA
Title or Position CITY CIVIL REGISTRAR Date SEP 30 1994

02525-C8-400GCD-00060-BI005

BEST POSSIBLE IMAGE



T400025254000006011302006005

BReN
02223-A94SJ04-8

Carmelita N. Erica
CARMELITA N. ERICATA
Administrator and Civil Registrar General