



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

(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. 2000-1045  
City/Municipality CONSOLACION

**CHILD**  
1. NAME (First) (Middle) (Last)  
RUSSEL JAY CARAHUG  
2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
23 OCTOBER 2000  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
DR. VERONICA ALVINO'S LYING-IN CLINIC CONSOLACION 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 (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
2,700 grams

For OCRG USE ONLY:  
Population Reference No.  
\_\_\_\_\_

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

**MOTHER**  
6. MAIDEN NAME (First) (Middle) (Last)  
IRIS VACUNADOR CARAHUG  
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 NONE 11. Age at the time of this birth: 19 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
JUKIAN CONSOLACION CEBU

41 \_\_\_\_\_  
48   
49  50 \_\_\_\_\_  
56 \_\_\_\_\_  
61   
62  64 \_\_\_\_\_

**FATHER**  
13. NAME (First) (Middle) (Last)  
14. CITIZENSHIP 15. RELIGION  
16. OCCUPATION 17. Age at the time of this birth: \_\_\_\_\_ years

68  69   
70  72  74

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  
 4 Hilot (Traditional Midwife)  5 Others (Specify)

76  79   
81 \_\_\_\_\_

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:20 pm 13 o'clock  
am/pm on the date stated above

Signature \_\_\_\_\_ Address POLOG, CONSOLACION  
Name in Print LILIBETH SASING CEBU  
Title or Position NURSE Date OCTOBER 25, 2000

86  87   
88  91

20. INFORMANT  
Signature \_\_\_\_\_ Address POLOG, CONSOLACION  
Name in Print LILIBETH SASING CEBU  
Relationship to the child NURSE Date OCTOBER 24, 2000

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print BETTY C. WILSON  
Title or Position NURSE  
Date OCT 25 2000  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print ALBERTO M. DE LEON  
Title or Position LOCAL CIVIL REGISTRAR  
Date OCTOBER 25, 2000

93  000260  
94

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BEST POSSIBLE IMAGE



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AQ200098884

BReN

02219-B00UP02-8

Documentary  
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*CSM*

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

