



Form No. 102 (Revised January 1990) (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. 20062682
 City/Municipality OSAN

1. NAME (First) (Middle) (Last)
JESUS DOMINIC LARRA

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
27 DECEMBER 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
OSAN CITY MEDICAL CENTER OSAN CITY OSAN

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 (Two births and fetal deaths including this delivery) (First, second, third, etc.) 1ST

d. WEIGHT AT BIRTH 3350 grams

6. MAIDEN NAME (First) (Middle) (Last)
ABBYGAIL TIRANCO LARRA

7. CITIZENSHIP II 8. RELIGION R.P.

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 BOYS 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
OSAN CITY OSAN OSAN

13. NAME (First) (Middle) (Last)
QUADALUPE OSAN

14. CITIZENSHIP N.A. 15. RELIGION R.I.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

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

19a. ATTENDANT N.A.
1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional Healers) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 08:15 pm o'clock am/pm on the date stated above.

Signature [Signature] Address No. BACILOO AYSON
 Name in Print JOSE M. AYSON OSAN CITY
 Title or Position P.D. Date DECEMBER 25, 2005

20. INFORMANT
 Signature [Signature] Address QUADALUPE
 Name in Print ABBYGAIL LARRA OSAN CITY
 Relationship to the child MOTHER Date DECEMBER 25, 2005

21. PREPARED BY
 Signature [Signature]
 Name in Print RICARDO SERRA
 Title or Position CLERK
 Date DECEMBER 25, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print OSCAR M. MULO
 Title or Position REGISTRATION OFFICER IN CHARGE
 Date DECEMBER 25, 2005

For OCRG USE ONLY:
 Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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04464-G3-124LTM-00067-BI001

BEST POSSIBLE IMAGE



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LH100739639

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 02217-805YR0V-6

Documentary
 Stamp Tax Paid

[Signature]
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office

