



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, 6b and 19a.)

Province CEBU Registry No. 2003 12604

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ELTESA MAR GAHT RAGO

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
25 APRIL 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
BUNISAN CEBU 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 fetal deaths including this delivery) 5th (first, second, third, etc.)

d. WEIGHT AT BIRTH 3630 grams

6. MAIDEN NAME (First) (Middle) (Last)
EDNA DAWAG GAHT

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 5

b. No. of children still living including this birth: 5

c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE

11. Age at the time of this birth: 36 years

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

13. NAME (First) (Middle) (Last)
RAMIL AGUIOS RAGO

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION PURCHASER

17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 2 1991 CEBU CITY

19a. ATTENDANT 1 Physician 2 Nurse X 3 Midwife 4 Hilot (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 12:45 A.M. o'clock
am/pm on the date stated above.

Signature [Signature] Address BUNISAN
Name in Print CORAZON BELANDE CEBU CITY
Title or Position R. M. Date APRIL 25, 2003

20. INFORMANT
Signature [Signature] Address BUNISAN
Name in Print EDNA RAGO CEBU CITY
Relationship to the child MOTHER Date APRIL 25, 2003

21. PREPARED BY
Signature [Signature]
Name in Print CORAZON BELANDE
Title or Position R. M.
Date APRIL 25, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print OSCAR B. MOLE
Title or Position Registration Officer IV
Date 2003 MAY 08

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 4031604

48 1

49 2 50 25792503

58 2579

61 1

62 05 64 9109

68 1 69 1

70 05 72 25 74 06

78 250 79 16

81 2579

86 1 87 1

88 250 89 95

91 1

94 1

006085

03127-F7-999TS4-00032-BI001

BEST POSSIBLE IMAGE



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BRen
02217-B03HR0F-7
Documentary
Stamp Tax Paid

Carmelita N. ERICTA
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

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