



Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for DC, ...)

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 OBU
City/Municipality LAPU-LAPU CITY Registry No. 2004-6995

1. NAME (First) (Middle) (Last)
KENT NICHOLAS LIM AGAO

2. SEX X 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
19 OCTOBER 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
PAJAC LAPU-LAPU CITY OBU

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) 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH 3402 grams

6. MAIDEN NAME (First) (Middle) (Last)
DE-ANNE LIM AGAO

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive:
9b. No. of children still living including this birth:
9c. No. of children born alive but are now dead: 0

10. OCCUPATION PRODUCTION OPERATOR 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BM DINATAGA ST., LAPU-LAPU CITY CEBU

13. NAME (First) (Middle) (Last)
N.A

14. CITIZENSHIP N.A 15. RELIGION

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

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

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
X 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 12:40 pm o'clock am/pm on the date stated above.

Signature Cresencia A. Espinosa Address PAJAC, LAPU-LAPU CITY
Name in Print CRESENCIA A. ESPINOSA
Title or Position TRADITIONAL MIDWIFE Date OCT. 20, 2004

20. INFORMANT
Signature Deanne L. Agao Address BM DINATAGA ST., LAPU-LAPU CITY
Name in Print DEANNE L. AGAO
Relationship to the child M MOTHER Date OCT. 20, 2004

21. PREPARED BY
Signature Cresencia A. Espinosa
Name in Print CRESENCIA A. ESPINOSA
Title or Position TRADITIONAL MIDWIFE
Date OCT. 20, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Mrs. Eliza Young
Name in Print MRS. ELIZA YOUNG
Title or Position CIVIL REGISTRAR
Date OCT 20 2004

11 11 191004

11 11 191004

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05710-H9-400RPA-00034-BI001
BEST POSSIBLE IMAGE

BReN
02226-B04UK09-1

Lisa Grace S. Bersales
LISA GRACE S. BERSALES ES. Ph.D.



Form No. 102
January 1992

(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 8, 9, 10 and 11a.)

| | | | |
|--|--|---|--|
| Province <u>Cebu</u> | | Regulatory No. <u>2004-6995</u> | |
| City/Municipality <u>LAPU-LAPU CITY</u> | | | |
| 1. NAME (First) <u>KENT NICHOLAS</u> (Middle) <u>LIM</u> (Last) <u>AGAO</u> | | | |
| 2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female | | 3. DATE OF BIRTH (day) (month) (year) <u>19</u> <u>OCTOBER</u> <u>2004</u> | |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>PAJAC</u> <u>LAPU-LAPU CITY</u> <u>CEBU</u> | | | |
| 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. | | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify | |
| c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.) | | d. WEIGHT AT BIRTH <u>3402</u> grams | |
| 6. MAIDEN NAME (First) <u>DE-ANNE</u> (Middle) <u>LIM</u> (Last) <u>AGAO</u> | | | |
| 7. CITIZENSHIP <u>FILIPINO</u> | | 8. RELIGION <u>ROMAN CATHOLIC</u> | |
| 9a. Total number of children born alive: _____ | | b. No. of children still living including this birth: _____ | |
| | | c. No. of children born alive but are now dead: <u>0</u> | |
| 10. OCCUPATION <u>PRODUCTION OPERATOR</u> | | 11. Age at the time of this birth: <u>22</u> years | |
| 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BM DIMATAGA ST.,</u> <u>LAPU-LAPU CITY</u> <u>CEBU</u> | | | |
| 13. NAME (First) <u>N.A</u> (Middle) _____ (Last) _____ | | | |
| 14. CITIZENSHIP <u>N.A</u> | | 15. RELIGION _____ | |
| 16. OCCUPATION <u>N.A</u> | | 17. Age at the time of this birth: _____ years | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A</u> | | | |
| 19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____ | | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:40 pm</u> o'clock am/pm on the date stated above. | | | |
| Signature <u>Crispina</u> Name in Print <u>CRISPINA A. ESPINOSA</u> Title or Position <u>TRADITIONAL MIDWIFE</u> | | Address <u>PAJAC, LAPU-LAPU CITY</u> Date <u>OCT. 20, 2004</u> | |
| 20. INFORMANT/ Signature <u>Deanne</u> Name in Print <u>DEANNE L. AGAO</u> Relationship to the child <u>M MOTHER</u> | | Address <u>BM DIMATAGA ST., LAPU-LAPU CITY</u> Date <u>OCT. 20, 2004</u> | |
| 21. PREPARED BY Signature <u>Crispina</u> Name in Print <u>CRISPINA A. ESPINOSA</u> Title or Position <u>TRADITIONAL MIDWIFE</u> Date <u>OCT. 20, 2004</u> | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>MRS. ELIZA YONG</u> Name in Print <u>CIVIL REGISTRAR</u> Title or Position _____ Date <u>OCT 20 2004</u> | |

05710-H9-400RPA-00034-BI001

BEST POSSIBLE IMAGE

BRen

02226-B04UK09-1

Lisa Grace S. Bersales
LISA GRACE S. BERSALES ES. PH.D.