

(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)

(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 2, 5a, 5b and 19a.)

Province CEBU Registry No. 76-11574  
City/Municipality CEBU CITY

1. NAME (First) NEVR (Middle) CRISTINA (Last) HABITAD CABINAG

2. SEX 1 Male  2 Female   
3. DATE OF BIRTH (day) 18 (month) MAY (year) 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
CEBU PEDIATRIC CENTER & MATERNITY HOUSE, INC., CEBU 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 (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2,900 grams

6. MAIDEN NAME (First) NERISSA (Middle) CRISTINA (Last) HABITAD CABINAG

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: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
815 V. RAMA AVENUE, CEBU CITY, CEBU

13. NAME (First) MANUEL ERIC (Middle) ENOC (Last) CABINAG

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION CARPENTER 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
APRIL 28, 1995 NINGLANITTA, CEBU

19a. ATTENDANT 1 Physician  2 Nurse  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 6:45 A.M. o'clock on/over the date stated above.

Signature [Signature] Address CEBU PEDIATRIC CENTER & MAT.  
Name in Print PAMELA JUANITA EVANGELISTA, M.D., BOARD. DIR., CEBU CITY  
Title or Position PHYSICIAN Date MAY 18, 1996

20. INFORMANT  
Signature [Signature] Address 815 V. RAMA AVENUE, CEBU CI  
Name in Print NERISSA CABINAG  
Relationship to the child MOTHER Date MAY 18, 1996

21. PREPARED BY  
Signature [Signature]  
Name in Print COLLEEN B. TONG  
Title or Position CLERK  
Date MAY 18, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ADA A. NUNEZ  
Title or Position CLERK III  
Date MAY 18, 1996

For OCRG USE ONLY: Population Reference No.	
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TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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BEST POSSIBLE IMAGE

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



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