



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.)

REMARK/ANNOTATION

Province CEBU Registry No. 1001-637
 City/Municipality MINGLANILLA

1. NAME (First) (Middle) (Last)
JOSEUA CAMERON YLAYA ROJO
 2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
15TH APRIL 2001
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay
MINGLANILLA DISTRICT HOSPITAL MINGLANILLA CEBU
 5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
 5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others. Specify
 c. BIRTH ORDER (live births and fetal deaths including this delivery) THIRD (first, second, third, etc.)
 d. WEIGHT AT BIRTH 3175 grams

6. MAIDEN NAME (First) (Middle) (Last)
JINKY SATORRE YLAYA
 7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC
 9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0
 10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 28 years
 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SANGAT SAN FERNANDO CEBU

13. NAME (First) (Middle) (Last)
CHRISTIAN ALBENA ROJO
 14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC
 16. OCCUPATION GOV'T. EMPLOYEE 17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 14, 1988 KR LAPU-LAPU MUNICIPAL HALL

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 7:40 a.m. o'clock am/pm on the date stated above.
 Signature [Signature] Address MINGLANILLA DISTRICT HOSPITAL
 Name in Print MAHELINE G. AMADORA, M.D. MINGLANILLA, CEBU
 Title or Position RESIDENT PHYSICIAN Date APRIL 15, 2001

20. INFORMANT
 Signature [Signature] Address SANGAT, SAN FERNANDO, CEBU
 Name in Print JINKY Y. ROJO
 Relationship to the child MOTHER Date APRIL 15, 2001

21. PREPARED BY
 Signature [Signature]
 Name in Print EMELDA V. NAVARRO
 Title or Position NURSING ATTENDANT
 Date APRIL 15, 2001
 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print ZENANDA C. JAKORALEN
 Title or Position MUNICIPAL CIVIL REGISTRAR
 Date 4-17-2001

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 BEST POSSIBLE IMAGE



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

