



Municipal Form No. 102  
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 93-10674

CITY/MUNICIPALITY CEBU CITY

1 NAME (First) KATHLEEN MICHELLE (Middle) ALQUIZOLA (Last) ESTIMO

2 SEX (Place "x" on appropriate answer) 1 Male XX 2 Female  
3. DATE OF BIRTH (Day) 20 (Month) MAY (Year) 1993

4 PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5 a. TYPE OF BIRTH (Place "x" on appropriate answer) X 1 Single 2 Twin 3 Three or more  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6 MAIDEN NAME (First) MA. LOURDES VILLAFLOR (Middle) ALQUIZOLA (Last) 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC

9 NAME (First) LEO JOHN (Middle) DUQUE (Last) ESTIMO 10 NATIONALITY FILIPINO 11 RELIGION ROMAN CATHOLIC

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)  
December 8, 1984, Cebu City, Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:17 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address c/o Cebu Doctor's Hospital  
Name in print CLARA C. CREDO, M.D. Osmeña Boulevard Cebu City  
Title or position Attending Physician Date May 24, 1993

14 INFORMANT  
Signature [Signature] Address Barili, Cebu  
Name in print MA. LOURDES ALQUIZOLA ESTIMO  
Relationship to child MOTHER Date May 21, 1993

15 a. PREPARED BY  
Signature [Signature] Name in print BERNARDINA I. GERONA  
Title or position Clerk-Record Section Date May 24, 1993  
b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature] Name in print NIDA A. NUNEZ  
Title or position CLERK III Date MAY 24 1993

16 a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 3110

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the office of the Local Civil Registrar)

PROVINCE	<u>Cebu</u>	Local Civil Registry No.	<u>9310674</u>	Registration Status	<u>1</u>
CITY/MUNICIPALITY	<u>Cebu City</u>				
17 Weight of Birth (In grams)	<u>3,260 Grams</u>	18 Birth Order of Child	<u>Fourth</u>		
19 a. Total Number of Children Born Alive	<u>four</u>	b. How many children are now living including this birth?	<u>four</u>	c. How many children were born alive but are now dead?	<u>None</u>
20 Usual Occupation	<u>REGISTERED NURSE/BSN</u>	21 Age at the time of this Birth	<u>35 years old</u>		
22 Usual Residence (Barangay)	<u>Barili, Cebu</u>	23 Usual Occupation	<u>BUSINESSMAN</u>	24 Age at the time of this Birth	<u>36 years old</u>
25 Attendant of Birth (Place "x" on appropriate answer)	<u>X</u> 1 Physician 2 Nurse 3 Midwife 4 Hilot 5 Others				

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
<u>2</u>	<u>20 5 93</u>	<u>22178</u>	<u>1</u>	<u>1</u>
44	45	51	56	57
NAME OF CHILD				
First	M.I.	Last		
<u>KATHLEEN MICHELLE</u>	<u>A.</u>	<u>ESTIMO</u>		
68	70	71		

06529-E3-991CJB-01503-BI001

BEST POSSIBLE IMAGE



T080065299910150311162017001

BReN  
02217-A93KL12-8

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

