

(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** City/Municipality **CEBU CITY** Registrar's No. **20097575**

1. NAME (First) **BRAHIA** (Middle) **COOMERA** (Last) **JARDEN**
2. SEX **F** 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) **9 MARCH 2009**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CEBU PUER. 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 **2,850** grams

6. MAIDEN NAME (First) **MARIA LOURDES** (Middle) **CAZON** (Last) **COOMERA**

7. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

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: **0**

10. OCCUPATION **PRODUCTION WORKER** 11. Age at the time of this birth: **26** years

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

13. NAME (First) **ERNE** (Middle) **BECALDO** (Last) **JARDEN**

14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN CATHOLIC**

16. OCCUPATION **NONE** 17. Age at the time of this birth: **25** years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 **06:30 PM** o'clock am/pm on the date stated above.

Signature **MARY ANNE DELERA, MD.** Name in Print **PHYSICIAN** Title or Position **CEBU PUER. CTR. & MATERNITY HOUSE, INC., CEBU CITY** Date **9 MARCH 2009**

20. INFORMANT Signature **MARIA LOURDES C. COOMERA** Name in Print **MOTHER** Relationship to the child **MOTHER** Address **PUSOK, LAPU-LAPU CITY CEBU** Date **9 MARCH 2009**

21. PREPARED BY Signature **CHRISTY T. PACUDOT** Name in Print **CLERK** Title or Position **9 MARCH 2009**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature **OSCAR B. MOLD** Name in Print **REGISTRATION OFFICER IV** Title or Position **MAR 10 2009**

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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49 50

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75 79

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86 87

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94

06394-H6-400ILK-00022-BI001

BEST POSSIBLE IMAGE

BReN
02217-B09F90N-4

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



Documentary
Stamp Tax Paid

