



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 7a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 2002-881

1. NAME (First) (Middle) (Last)
HAVEL TRIAN PARA REYNALDO

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
11 11 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
1 1111 2002

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) 1 First, second third, etc.)

d. WEIGHT AT BIRTH 2 500 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARTINA BOCO PARAYE

7. CITIZENSHIP 1 Filipino 2 Alien

8. RELIGION 1 Roman Catholic 2 Other

9a. Total number of children born alive: 2

b. No. of children still living including this birth: 2

c. No. of children born alive but are now dead: 0

10. OCCUPATION 1 1111

11. Age at the time of this birth: 1 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
1111 1111 1111

13. NAME (First) (Middle) (Last)
GARY GARY OSORIO

14. CITIZENSHIP 1 Filipino 2 Alien

15. RELIGION 1 Roman Catholic 2 Other

16. OCCUPATION 1 1111

17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
1111 1111 1111

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 1:00 o'clock am/pm on the date stated above.

Signature Maria J. Paray Address 1111, 1111, 1111
Name in Print MARIA PANIPON
Title or Position 1111 Date 1111

20. INFORMANT

Signature Arinda Marie Echeja Address 1111, 1111, 1111
Name in Print MARILYN P. ECHENAS
Relationship to the child 1111 Date 1111

21. PREPARED BY

Signature 1111
Name in Print MARIA T. SIBAN
Title or Position 1111
Date 1111

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature PURITA A. BALBUENA
Name in Print 1111
Title or Position 1111
Date 1111

For OCR USE ONLY:
Population Reference No. 1

41 0200881

42 1

43 2 **44** 0105002

45 22343

46 1

47 02 **48** 2501

49 1 **50** 1

51 02 **52** 02 **53** 00

54 220 **55** 22

56 22343

57 000124

58 1 **59** 1

60 985 **61** 27

62 1

63 4

MAY 15 2002

06638-5E-400EML-00455-B1002

BEST POSSIBLE IMAGE



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AM000044293

BREN

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Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

