

Copy for OCRG



Municipal Form No. 102  
(Revised January 1995)  
(To be accomplished in quadruplicate)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH** 1400

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 10 and 16a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 96-19474  
City/Municipality CEBU CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
JUANPETER CANDOL JUNIO

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (Day) (month) (year)  
31 AUGUST 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH X 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, second, third, etc.) 2nd

d. WEIGHT AT BIRTH 3055 grams

For OCRG USE ONLY:  
Population Reference No. 21769 331

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**MOTHER**

6. MAIDEN NAME (First) (Middle) (Last)  
NONATA REPUNTE CANDOL

7. CITIZENSHIP P.H.

8. RELIGION R.C.

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 None

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
NAZARETTE, BUHISAN CEBU CITY CEBU

81 961979

82 7

83 2 170876

84 2318

85 7

86 023055

**FATHER**

13. NAME (First) (Middle) (Last)  
PABLO HABONERO JUNIO

14. CITIZENSHIP P.H.

15. RELIGION R.C.

16. OCCUPATION Messenger

17. Age at the time of this birth: 22 years

87 7

88 023000

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
MAY 24, 1995-NAGA, CEBU

19a. ATTENDANT  
X 1 Physician 2 Nurse 3 Midwife  
4 Hilot (Traditional Midwife) 5 Other (Specify)

89 290 03

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 1:45 o'clock am/pm on the date stated above.

91 9218

Signature [Signature] Address N. BACALSO AVENUE  
Name in Print MINVA L. BARBER City CEBU CITY  
Title or Position M.D. Date AUGUST 14, 1996

96 7 7

20. INFORMANT  
Signature [Signature] Address NAZARETTE, BUHISAN  
Name in Print NONATA JUNIO City CEBU CITY  
Relationship to the child MOTHER Date AUGUST 14, 1996

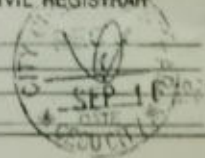
98 362 22

21. PREPARED BY  
Signature [Signature]  
Name in Print JUSTINA D. CLAUDIO  
Title or Position D.R. NURSE  
Date AUGUST 14, 1996

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date [Date]

93 7 4343  
05/04/95

94 7 09/16/96



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BEST POSSIBLE IMAGE



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*CDSM*

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

