



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 Registry No. \_\_\_\_\_  
City/Municipality San Remigio

**CHILD**

1. NAME (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
2. SEX 1 Male 2 Female 3 DATE OF BIRTH (day) (month) (year) 11st Dec. 2001  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay Poblacion San Remigio, 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) third (first, second, third, etc.) d. WEIGHT AT BIRTH 3100 grams

**MOTHER**

6. MAIDEN NAME (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
7. CITIZENSHIP filipino 8. RELIGION RC  
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 \_\_\_\_\_ 11. Age at the time of this birth: \_\_\_\_\_ years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
HOUSE NO. \_\_\_\_\_ San Remigio, Cebu 29

**FATHER**

13. NAME (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
14. CITIZENSHIP P.N.C. 15. RELIGION \_\_\_\_\_  
16. OCCUPATION \_\_\_\_\_ 17. Age at the time of this birth: \_\_\_\_\_ years

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

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

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 11:40 PM o'clock am/pm on the date stated above.

Signature \_\_\_\_\_ Address HAGNAYA, SAN REMIGIO, CEBU  
Name in Print MA. CHERITO Q. PEREZ  
Title or Position \_\_\_\_\_ Date 1/7/2002

20. INFORMANT  
Signature \_\_\_\_\_ Address Poblacion, San Remigio, Cebu  
Name in Print FLORENTINE MANDAL  
Relationship to the child mother Date 1/7/2002

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print MA. CHERITO Q. PEREZ  
Title or Position RHM Date 1/7/2002  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print ENGR. UBALDO V. CANETE JR.  
Title or Position Mun. Civil Registrar Date January 7, 2002

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 \_\_\_\_\_

45 1

49 2 50 2 1 7 2 0 0 1

55 2 1 3 0

61 \_\_\_\_\_

62 \_\_\_\_\_ 64 1 4 2 6

68 \_\_\_\_\_ 69 \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 \_\_\_\_\_

76 \_\_\_\_\_ 78 2 7

81 \_\_\_\_\_

86 \_\_\_\_\_ 87 000325

88 \_\_\_\_\_ 91 \_\_\_\_\_

93 \_\_\_\_\_

94 \_\_\_\_\_



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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

*Carmelita N. ERICTA*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

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