



(Copy for OCRG)

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, 3a, 5b and 18a.)

Province Cebu Registry No. 1002-101  
City/Municipality Minglanilla

1. NAME (First) (Middle) (Last) ALBAH LIE MINGUITO  
2. SEX 1 Male 2 Female  
3. DATE OF BIRTH (day) (month) (year) 21 January 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) Tungkop, Minglanilla, 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 3175 grams

6. MAIDEN NAME (First) (Middle) (Last) MALON MINGUITO  
7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION housewife 11. Age at the time of this birth: 17 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Tungkop, Minglanilla, Cebu

13. NAME (First) (Middle) (Last) "Unknown"  
14. CITIZENSHIP N/A 15. RELIGION N/A

16. OCCUPATION N/A 17. Age at the time of this birth: N/A years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife  
4 Hilot (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 3:00 AM block AM/PM on the date stated above.

Signature [Signature] Address Tungkop, Minglanilla, Cebu  
Name in Print SENAYDA WALDE Date January 28, 2002  
Title or Position Midwife

20. INFORMANT  
Signature [Signature] Address Tungkop, Minglanilla, Cebu  
Name in Print MALON MINGUITO Date January 28, 2002  
Relationship to the child Father

21. PREPARED BY  
Signature [Signature]  
Name in Print SENAYDA WALDE  
Title or Position Midwife  
Date January 28, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ANITA CASARES  
Title or Position CIVIL REGISTRAR GENERAL  
Date 28-2002

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2002201

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2002201  
48 1  
49 50 2 210102  
56 22327  
61 1  
62 64 01 3175  
68 69 1 1  
70 72 74 01 01 00  
76 79 220 17  
81 22327  
86 87 7 1  
88 89 342  
93 2  
94 3

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EST POSSIBLE IMAGE



400048784000007405102013001  
E1200382979

BReN  
02232-B02BM04-0

Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERICIA  
Administrator and Civil Registrar General  
National Statistics Office