



Copy to (ORS)

Mandatory Form No. 102 (Revised January 1998)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b></p> <p align="center"><small>(To be completed accurately and legibly, use ink or typewriter. Place X before the appropriate answer in items 2, 3a, 3b, and 3c.)</small></p>				
Province <b>Cebu</b> City/Municipality <b>Cebu city</b>		Registry No. <b>0027330</b>		For ORS USE ONLY Population Reference No. _____  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
1. NAME (First) <b>ATYERA LOUISS</b> (Middle) <b>GABRIELRO</b> (Last) <b>ADOLFO</b>		2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
3. DATE OF BIRTH (Day) <b>6</b> (Month) <b>March</b> (Year) <b>2002</b>		4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) <b>Visayas Community Medical center,</b> (City/Municipality) <b>Cebu</b> (Province) <b>Cebu</b>		41
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		5b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other, Specify _____		42
6. BIRTH ORDER (live births and fetal deaths including this delivery) (First, second, third, etc.) <b>Third</b>		6. WEIGHT AT BIRTH <b>2892</b> grams		43
7. MAIDEN NAME (First) <b>Brangeline</b> (Middle) <b>Mendite</b> (Last) <b>Debutera</b>		8. RELIGION <b>Roman Catholic</b>		44
9. CITIZENSHIP <b>Filipino</b>		10. OCCUPATION <b>Housewife</b> (Age at the time of this birth) <b>30</b> years		45
11. Total number of children born alive <b>3</b>		12. No. of children still living including this birth <b>3</b>		46
13. Total number of children born alive but are now dead <b>0</b>		14. Age at the time of this birth _____		47
15. RESIDENCE (House No., Street, Barangay) <b>B44 A.S. Fortuna st., Pasilad, Mandaue city</b> (City/Municipality) <b>Mandaue city</b> (Province) _____		16. NAME (First) <b>Roy</b> (Middle) <b>Gerard</b> (Last) <b>Adolfo</b>		48
17. CITIZENSHIP <b>Filipino</b>		18. RELIGION <b>Roman catholic</b>		49
19. OCCUPATION <b>Employee</b>		20. "Age at the time of this birth" <b>42</b> years		50
19. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acceptance Affidavit or Acknowledgment/Admission of Paternity at the back.) <b>July 27, 2000 Mandaue city</b>				51
20. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Healer (Traditional Birth) <input type="checkbox"/> Others (Specify) _____				52
21. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born above at <b>8:45 A.M.</b> (clock on) on the date stated above.				53
Signature <i>[Signature]</i> Name in Print <b>DR. G. RAAGAN, M.D.</b> Title or Position <b>Physician</b>		Address <b>o/s YORK Cebu city</b> Date <b>March 7, 2002</b>		54
Signature <i>[Signature]</i> Name in Print <b>ROY G. ADOLFO</b> Relationship to the child <b>father</b>		Address <b>B44 A.S Fortuna st. Pasilad, Mandaue city</b> Date <b>March 7, 2002</b>		55
22. PREPARED BY <i>[Signature]</i> Signature <b>ADOLFO S. JERONIMO</b> Name in Print <b>Clerk</b> Title or Position <b>Clerk</b> Date <b>March 7, 2002</b>		23. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print _____ Title or Position _____ Date <b>MAR 14 2002</b>		56
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*Lisa Grace S. Berales*  
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National Statistician and Civil Registrar General  
Philippine Statistics Authority

