

(Copy for OCRC)

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 <u>Cebu</u>		Registry No. <u>3020</u> <u>96-1453</u>		
City/Municipality <u>Malabon</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>LIBERTY</u> <u>GEKIN</u> <u>CAHO</u>	For OCRC USE ONLY: Population Reference No. <u>2208-A96P902-7</u>		
	2. SEX <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>9</u> <u>July</u> <u>1996</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Malabon District Hospital</u> <u>Malabon</u> <u>Cebu</u> House No., Street, Barangay)	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>5th</u>	d. WEIGHT AT BIRTH <u>2300</u> grams		41 <u>601453</u>
6. MAIDEN NAME (First) (Middle) (Last) <u>Merlinda</u> <u>Ponteras</u> <u>Gekin</u>	7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Catholic</u>	48 <input type="checkbox"/>	
9a. Total number of children born alive: <u>5</u>	b. No. of children still living including this birth: <u>5</u>	c. No. of children born alive but are now dead: <u>0</u>	49 <u>2</u>	
10. OCCUPATION <u>Housekeeper</u>	11. Age at the time of this birth: <u>36</u> years		50 <u>090796</u> <u>091453</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Looc Sur</u> <u>Asturias</u> <u>Cebu</u>			56 <u>22087</u>	
13. NAME (First) (Middle) (Last) <u>Emmanuel</u> <u>Mordaje</u> <u>CAHO</u>	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Catholic</u>	61 <input type="checkbox"/>	
16. OCCUPATION <u>Welder</u>	17. Age at the time of this birth: <u>36</u> years		62 <u>052200</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, acknowledge Affidavit of Acknowledgment/Admission of Paternity at the back) <u>July 29, 1984 Asturias Parish Church, Asturias, Cebu</u>			63 <input type="checkbox"/>	
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 Hilot (Traditional Midwife) <u>X</u> 5 Others (Specify)			64 <u>052200</u>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:45 PM</u> o'clock am/pm on the date stated above.			65 <input type="checkbox"/>	
Signature <u>[Signature]</u> Name in Print <u>MICHAEL G. BORGONIA M.D.</u> Title or Position <u>Medical Officer III</u>		Address <u>Malabon District Hospital</u> <u>Malabon, Cebu</u> Date <u>July 10, 1996</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MERLINDA G. CAHO</u> Relationship to the child <u>Mother</u>			66 <input type="checkbox"/>	
Address <u>Looc Sur, Asturias, Cebu</u> Date <u>July 10, 1996</u>		67 <input type="checkbox"/>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>WILMA G. KAMITAO R.N.</u> Title or Position <u>Midwife</u> Date <u>July 10, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Signature]</u> Title or Position <u>[Signature]</u> Date <u>7-23-96</u>		
		68 <input type="checkbox"/>		
		69 <input type="checkbox"/>		
		70 <u>05</u>		
		71 <u>05</u>		
		72 <u>05</u>		
		73 <u>05</u>		
		74 <u>05</u>		
		75 <u>220</u>		
		76 <u>26</u>		
		77 <u>12091</u>		
		78 <input type="checkbox"/>		
		79 <input type="checkbox"/>		
		80 <u>872</u>		
		81 <u>36</u>		
		82 <input type="checkbox"/>		
		83 <input type="checkbox"/>		
		84 <input type="checkbox"/>		

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority