



Municipal Form No. 102 (Revised) January 1983

(To be accomplished in duplicate)

(Copy for OCHO)

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 10a.)

Province CEBU
City/Municipality CEBU CITY Registration No. 2607 06597

REMARKS/ANNOTATION

C H I L D	1. NAME (First, Middle, Last) <u>PAULINE</u> <u>KAMAS</u>		For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day, month, year) <u>28th Feb. 2007</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Villa San Pedro 1 Basak Pardo, Cebu City Cebu</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,000</u> grams
	6. MAIDEN NAME (First, Middle, Last) <u>BEAH</u> <u>AMAQUIA</u> <u>KAMAS</u>		
	7. CITIZENSHIP <u>Philipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
F A T H E R	10. OCCUPATION <u>None</u>		11. Age at the time of this birth: <u>19</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Villa San Pedro 1 Basak Pardo, Cebu City Cebu</u>		
	13. NAME (First, Middle, Last) <u>UNKNOWN</u>		14. CITIZENSHIP <u>N/A</u>
	15. RELIGION <u>N/A</u>		16. OCCUPATION <u>N/A</u>
17. Age at the time of this birth: <u>N/A</u> years			

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

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

19b. CERTIFICATION OF BIRTH
(Indicate clearly that I attended the birth of the child who was born alive at 11:05 A.M. o'clock and born on the date stated above.)

Signature: VERDEL G. BELVISTRE Address: 193 C. Padilla St., KARRELLANO, Cebu City
Name in Print: VERDEL G. BELVISTRE Date: Feb. 28, 2007
Title of Position: Midwife

20. INFORMANT
Signature: Beah Kamas Address: Villa San Pedro Basak Pardo, Cebu City
Name in Print: BEAH KAMAS Date: February 28, 2007
Relationship to the child: Mother

21. PREPARED BY
Signature: VERDEL G. BELVISTRE
Name in Print: VERDEL G. BELVISTRE
Title of Position: Midwife
Date: Feb. 28, 2007

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: JOSEAR B. MULO
Name in Print: REGISTRATION OFFICER IV
Title of Position: REGISTRATION OFFICER IV
Date: MAR 09 2007

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