

(Copy for OCRG)



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. 2002-1241
City/Municipality TALISAY CITY

1. NAME (First) (Middle) (Last)
IAN KENT LANIT SAYAWAN

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
28 APRIL 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
SIMBAJON MEDICAL CLINIC, TABUNOC, TALISAY CITY, 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, second, third, etc.) THIRD

d. WEIGHT AT BIRTH 3,200 grams

6. MAIDEN NAME (First) (Middle) (Last)
EVITA PAIRES LANIT

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

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 SELF EMPLOYED 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SAN ROQUE TALISAY CITY, CEBU

13. NAME (First) (Middle) (Last)
IGNACIO ALQUINO SAYAWAN JR.

14. CITIZENSHIP FILIPINO 15. RELIGION CATHOLIC

16. OCCUPATION MAINTENANCE STAFF 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
SEPTEMBER 22, 1996 GARCES GARDEN, SAN ISIDRO TALISAY, CEBU

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 8:40 PM o'clock am/pm on the date stated above.

Signature ROSABELA H. SIMBAJON Address SIMBAJON MEDICAL CLINIC, TABUNOC, TALISAY CITY, CEBU
Name in Print _____ Date MAY 05, 2002
Title or Position OB - GYNE

20. INFORMANT
Signature IGNACIO A. SAYAWAN JR. Address SAN ROQUE TALISAY CITY, CEBU
Name in Print _____ Date MAY 05, 2002
Relationship to the child FATHER

21. PREPARED BY
Signature ANALISSA L. PARDILLO
Name in Print MIDWIFE
Title or Position _____ Date MAY 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ATTY. GEMMA ALVIZO-LABION
Name in Print _____
Title or Position CITY CIVIL REGISTRAR
Date MAY 09 2002

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 30201741

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70 72 74

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BEST POSSIBLE IMAGE



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CSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

