



Principal Form No. 102

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately & legibly in ink or typewriter)

(To be accomplished in triplicate)

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 89-707
 CITY/MUNICIPALITY CEBU CITY

1. NAME (First) JAYKE (Middle) LARIOSA (Last) BAHINTING
 SEX (Place 'X' on appropriate answer) 3 DATE OF BIRTH (Day) 10 (Month) JULY (Year) 1989
 1 Male 2 Female
 4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) CEBU DOCTORS' HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
 6. MAIDEN NAME (First) FRANCISCA (Middle) LARIOSA (Last) 7. NATIONALITY FILIPINO 8. RELIGION ROMAN CATHOLIC
 9. NAME (First) ALDEN (Middle) BAYANG (Last) 10. NATIONALITY FILIPINO 11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
JUNE 12, 1987 TALISAY, CEBU

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 10:40AM o'clock a.m./p.m. on the date stated above.
 Signature [Signature] Address CEBU DOCTORS' HOSPITAL
 Name in print SONZA S. ZHIAN MOA, M.D. OSMENA BLVD., CEBU CITY
 Title or position MD Date JULY 10, 1989

14. INFORMANT
 Signature [Signature] Address POOC, TALISAY, CEBU
 Name in print ALDEN B. BAHINTING
 Relationship to child FATHER Date JULY 10, 1989

15. PREPARED BY
 Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Name in print MA. GLORIA L. OSORIO Signature _____
 Title or position MEDICAL RECORDS CLERK Name in print _____
 Date JULY 10, 1989 Title or position _____
 Date _____

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 2120

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Registration Local Civil Registry No. 8900707 Status 16

RESERVE FOR BINDING

PROVINCE CEBU
 CITY/MUNICIPALITY CEBU CITY

17. Weight at Birth (In grams) 3714 18. Birth Order of Child THIRD
 19c. Total Number of Children Born Alive 3 b. How many children are now living including this birth? 3 c. How many children were born alive but are now dead? 0
 20. Usual Occupation EMPLOYEE 21. Age at the time of this Birth 29
 22. Usual Residence (Barangay) POOC (City/Municipality) TALISAY (Province) CEBU
 23. Usual Occupation NON-LIFE INSURANCE ADJUSTER 24. Age at the time of this Birth 30
 25. Attendant at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Others

Sex 44 45
 Date of Birth 10/07/89
 Place of Birth CEBU 51 52
 Mother's Nationality 66 67
 Father's Nationality 68 69

NAME OF CHILD
 First JAYKE Middle LARIOSA Last BAHINTING

07795-G3-400BLA-00369-BI001

BEST POSSIBLE IMAGE



740007795400036905052021001

U0700227668

BRen
 02217-A89NA0E-3

Documentary
 Stamp Tax Paid

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

