



Form No. 102 (Revised 1983)

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

(To be accomplished in triplicate)

44
94-3918

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. _____

CITY / MUNICIPALITY CEBU CITY

1. NAME (First) JONESON III (Middle) BAYLON (Last) MIRAFUENTES

2. SEX (Place 'X' on appropriate answer) X 1 Male _____ 2 Female _____ DATE OF BIRTH (Day) 17 (Month) FEBRUARY (Year) 1994

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) MEMO CEBU COMMUNITY HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single _____ 2 Twin _____ 3 Three or more _____ 5b. IF MULTIPLE BIRTH, CHILD WAS _____ 1 First _____ 2 Second _____ 3 Third, 4th, etc. _____

6. MAIDEN NAME (First) LILIBETH (Middle) ENJAMBRE (Last) BAYLON 7. NATIONALITY FILIPINO 8. RELIGION R C

9. NAME (First) JONESON (Middle) ABARCA (Last) MIRAFUENTES 10. NATIONALITY FILIPINO 11. RELIGION R C

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) Date MAY 12, 1984 Place TALISAY, CEBU

13. CERTIFICATE OF ATTENDANT AT BIRTH (I hereby certify that I attended the birth of the child who was born alive at _____ o'clock on/after on the date stated above.) Signature _____ Address Cebu City Name in print TARESHA C. GALINDO, M.D. Date Feb. 17, 1994 Title or position Attending Physician

14. INFORMANT Signature Lilibeth Mirafuentes Address Dumlog, Talisay, Cebu Name in print LILIBETH B. MIRAFUENTES Date Feb. 18, 1994 Relationship to child Mother

15a. PREPARED BY Signature _____ Address _____ Name in print Samuel H. Saliente Jr. Name in print ESDA A. RUISE Title or position CLERK Title or position CLERK Date Feb. 18, 1994 Date RECEIVED MAR 12 1994

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 0680 b. DATE WHEN INFORMATION WAS SUPPLIED _____

2403918
1 170294
22187
04 2230
1
04 04
250 51
2209
981 04
1

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

PROVINCE CEBU Registration Status 15

CITY / MUNICIPALITY CEBU CITY

17. Weight of Birth (in grams) 3,230 kgs 18. Birth Order of Child (first, second, etc.) FOURTH 20

19a. Total Number of Children Born Alive FOUR 22 b. How many children are now living including this birth? FOUR 24 c. How many children were born alive but now dead? XXX 25

20. Usual Occupation HOUSEWIFE 21. Age of the Informant at the time of this birth 31

22. Usual Residence (Barangay) Dumlog (City/Municipality) Talisay (Province) Cebu

23. Usual Occupation SEAMAN 24. Age of the Informant at the time of this birth 34

25. Attendant of Birth (Place 'X' on appropriate answer) X 1 Physician _____ 2 Nurse _____ 3 Midwife _____ 4 Other _____

Sex 44 Date of Birth 45 Place of Birth 5 Nationality 97

NAME OF CHILD (First) _____ (Last) _____

051284
22509
030204

CSM

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

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02217-A94LCHON-0

BEST POSSIBLE IMAGE

Documentary