



Municipal Form No. 102
(Revised January 1993)
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, 6b and 19a.)

REMARKS/ANNOTATION

Province Uganda Registry No. 2001 091
City/Municipality Uganda

1. NAME (First) (Middle) (Last)
Janina Incorporado Garcera
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
07 10 2001
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
21 - Emilio Aguinaldo Clinic 14 - Carlock Street Cebu City
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) 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH 3.484 grams

6. MAIDEN NAME (First) (Middle) (Last)
Rosalinde Leyson Incorporado
7. CITIZENSHIP Filipino **8. RELIGION** Roman Catholic
9a. Total number of children born alive: 4 **b. No. of children still living including this birth:** 4 **c. No. of children born alive but are now dead:** 0
10. OCCUPATION Secretary **11. Age at the time of this birth:** 27 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
36 - Epolegium Street, Cebu City

13. NAME (First) (Middle) (Last)
Miguel Gonzales Garcera
14. CITIZENSHIP Filipino **16. RELIGION** Roman Catholic
16. OCCUPATION Electrician **17. Age at the time of this birth:** 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
October 21, 2000 San Nicolas Parish, Cebu City
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 9:40 am o'clock am/pm on the date stated above.
Signature [Signature] Address 14 - Carlock Street
Name in Print Beque, Lolite D Cebu City
Title or Position Registered Midwife Date January 7, 2001

20. INFORMANT
Signature [Signature] Address 36 - N Epolegium Street
Name in Print Miguel Garcera Cebu City
Relationship to the child Father Date January 7, 2001

21. PREPARED BY Signature [Signature]
Name in Print Beque, Lolite P.
Title or Position Registered Midwife
Date January 7, 2001
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Name]
Title or Position [Title]
Date [Date]

47 2001091
48 1
49 2 07/10/01
50 22/78
51 1
52 07/3/87
53 1 1
54 01 01 00
55 3/11 27
56 22/78
57 1 1
58 8/11 2/5
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60 3

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