

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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 15a.)

REMARKS/ANNOTATION

"LATE REGISTRATION"

Province Cebu Registry No. 1001-2022
City/Municipality Consolacion

1. NAME (First) (Middle) (Last)
Cherry Iza Abas

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
10 August 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Dra. Veronica N° Alivios Lying-In Clinic, Consolacion, Cebu

5a. TYPE OF BIRTH X 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.) 1st

d. WEIGHT AT BIRTH 2,500 grams

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41
A B I D 2 0 2

6. MAIDEN NAME (First) (Middle) (Last)
Marilou Hortegans Abas

7. CITIZENSHIP Filipino

8. RELIGION Roman Catholic

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION Factory Worker

11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Yati Ilo-yan Cebu

48

49 50

56

61

62 64

68 69

70 72 74

76 79

81

86 87

88 91

93 060

94

13. NAME (First) (Middle) (Last)
Perival Altamero Alivay

14. CITIZENSHIP Filipino

15. RELIGION Roman Catholic

16. OCCUPATION Factory Worker

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.)
Not Married

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 8:20pm o'clock am/pm on the date stated above.

Signature [Signature] Address Yagd, Consolacion, Cebu
Name in Print AINA UBANO Date November 27, 2001
Title or Position Midwife

20. INFORMANT
Signature [Signature] Address Yati, Ilo-yan, Cebu
Name in Print MARILOU ABAS Date November 27, 2001
Relationship to the child Mother

21. PREPARED BY
Signature [Signature]
Name in Print VE G. CITEO
Title or Position CLERK III
Date November 27, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print BENIGNO DE LEON
Title or Position Municipal Civil Registrar
Date November 27, 2001

05154-A7-400JSA-00930-BI001

BReN
02219-B01RA01-6

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office



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