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Municipal Form No. 102 (Revised January 1982) (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, 4a, 5a and 13a.)

Province CEBU City/Municipality CEBU CITY 20800

CHILD

1. NAME (First) (Middle) (Last)
CIRCE LOUISE NUYABLE LEYSON

2. SEX 1 Male X Female 3. DATE OF BIRTH (Day) (Month) (Year)
02 AUGUST 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
PERPETUAL SOCCOR HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify _____

c. BIRTH ORDER (Give births and fetal deaths including this delivery) (First, second, third, etc.) FIFTH d. WEIGHT AT BIRTH 2950 grams

MOTHER

6. MARDEN NAME (First) (Middle) (Last)
LOURDES NUREKA NUYABLE

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

9a. Total number of children born alive: 5 b. No. of children still living including this birth: 5 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 43 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
A. BORBAJO ST. TALAMBAN, CEBU CITY

FATHER

13. NAME (First) (Middle) (Last)
NESTOR REYTA LEYSON

14. CITIZENSHIP FILIPINO 15. RELIGION CATHOLIC

16. OCCUPATION LABORER 17. Age at the time of this birth: 43 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOVEMBER 05, 1950 - NIAGAO, ILOILO

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:12 pm on the date stated above.

Signature [Signature] Address CEBU CITY
Name in Print AGNES VILLARIN, M.D.
Title or Position ATTENDING PHYSICIAN Date AUGUST 03, 2001

20. INFORMANT
Signature [Signature] Address A. BORBAJO ST. TALAMBAN, CEBU CITY
Name in Print NESTOR E. LEYSON
Relationship to the child FATHER Date AUGUST 03, 2001

21. PREPARED BY
Signature [Signature]
Name in Print WELISA A. LINGSADA
Title or Position MEDICAL RECORD CLERK
Date AUGUST 03, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Name]
Title or Position [Title]
Date [Date]

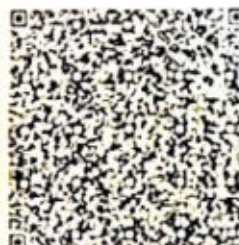
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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

