



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 19a.)

Province Cebu Registry No. 96-4261
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Jon Melcel Vidal Tabigao

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
17 Feb 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
N. Escario Campathaw Cebu City Cebu

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) 6th (first, second, third, etc.)
d. WEIGHT AT BIRTH 3960 grams

6. MAIDEN NAME (First) (Middle) (Last)
Alicia Lambatac Vidal

7. CITIZENSHIP Fil. 8. RELIGION R.C.

9a. Total number of children born alive: 6
b. No. of children still living including this birth: 6
c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Pul Campathaw Cebu City Cebu

13. NAME (First) (Middle) (Last)
Jaime Bactong Tabigao

14. CITIZENSHIP Fil. 15. RELIGION R.C.

16. OCCUPATION waiter 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
August 11, 1984 at Singing City

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 12:40 o'clock
(am/pm) on the date stated above.

Signature Leticia Legano Address 34 J.N. Escario St, Campathaw Cebu City
Name in Print Leticia Legano Date February 19, 1996
Title or Position T-1114

20. INFORMANT Leticia Legano Pul Campathaw

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100


70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

88 89 90 91 92 93 94 95 96 97 98 99 100

1520

CHILD	BIRTH		N. Escario Camputhaw Cebu City		
	5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) 6th (first, second, third, etc.)		d. WEIGHT AT BIRTH 3960 grams		
	6. MAIDEN NAME (First) Alicia (Middle) Lambatac (Last) Vidal				
MOTHER	7. CITIZENSHIP Fil.		8. RELIGION R.C.		
	9a. Total number of children born alive: 6	9b. No. of children still living including this birth: 6	9c. No. of children born alive but are now dead: 0		
	10. OCCUPATION house		11. Age at the time of this birth: 31 years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Pul Camputhaw Cebu City Cebu				
FATHER	13. NAME (First) Jaime (Middle) Bactong (Last) Tabigoe				
	14. CITIZENSHIP Fil.		15. RELIGION R.C.		
	16. OCCUPATION waiter		17. Age at the time of this birth: 26 years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) August 11, 1984 at Cingery City					
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife X A 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 12:40 o'clock (am/pm) on the date stated above.					
Signature <u>Leticia Logrono</u> Name in Print <u>Leticia Logrono</u> Title or Position <u>T-Hilot</u>		Address <u>311 N. Escario St, Camputhaw Cebu City</u> Date <u>February 19, 1996</u>			
20. INFORMANT Signature <u>Richie Tabigoe</u> Name in Print <u>Richie Tabigoe</u> Relationship to the child <u>waiter</u> Address <u>Pul Camputhaw Cebu City</u> Date <u>February 19, 1996</u>					
21. PREPARED BY Signature <u>Leticia Logrono</u> Name in Print <u>Leticia Logrono</u> Title or Position <u>T-Hilot</u> Date <u>February 19, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____ 			

41 9/6/6/2/6/7

48

49 50 1 7 5 2 9 6

56 22178
2 2 7 8

51

52 54 0 6 7 9 6 0

58 59

70 72 74

76 79 3 3

81 2 2 1 7 8

86 87 1520

88 91 9 3 2 3 6

93 581184
43083
022096

94

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BEST POSSIBLE IMAGE

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Stamp Tax Paid

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office