

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
City/Municipality CEBU CITY Registrar No. 2000 22732

1. NAME (First) (Middle) (Last)
KIMBERLY PALAHANG MONTEBON

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)
18 AUGUST 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
CEBU BIRER CENTER MATERNITY HOUSE INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH 1 Single b. IF MULTIPLE BIRTH CHILD WAS
1 First 2 Second
3 Triplets, etc. 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st d. WEIGHT AT BIRTH
4.200 grams

6. MAIDEN NAME (First) (Middle) (Last)
NANCY BANCAGE PALAHANG

7. CITIZENSHIP FIL 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born 2 b. No. of children still being including this birth 2 c. No. of children born alive but are now dead 0

10. OCCUPATION EMPLOYEE 11. Age at the time of this birth 36 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
GANDUMAN MANDAUE CITY CEBU

13. NAME (First) (Middle) (Last)
DANNY DUNOG MONTEBON

14. CITIZENSHIP FIL 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION HOUSEKEEPING 17. Age at the time of this birth 3 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
FEBRUARY 16, 1984 MANDAUE CITY

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Philo (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 8:49 o'clock AM/PM on the date stated above.

Signature ELIZABETH M. MACEDA, M.D. CEBU BIRER CENTER MATERNITY HOUSE INC., CEBU CITY
Date August 18, 2000

20a. INFORMANT MOTHER GANDUMAN, MANDAUE CITY
Signature [Signature] CEBU
Name in Print MOTHER
Title or Position MOTHER

21. PREPARED BY [Signature] Date AUGUST 18, 2000

Signature MARIA ALMA O. BERNARDEZ Date AUGUST 18, 2000
Name in Print CLERK
Title or Position CLERK

Signature AGNES DENAPO Date AUG 22 2000
Name in Print CLERK
Title or Position CLERK

For OCRG USE ONLY: Population Reference No. 217-800222-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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Lisa Grace S. Bernales