



(Copy for OCRG)

Form No. 102 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 <u>C E D U</u> Registry No. <u>2022-615</u> City/Municipality <u>L A P U - L A P U C I T Y</u>		For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>0002015</u> 48 <u>1</u> 49 <u>1</u> 50 <u>2002</u> 56: <u>1</u> 61 <u>1</u> 62 <u>1</u> 64 <u>1</u> 68 <u>1</u> 69 <u>1</u> 70 <u>06</u> 72 <u>06</u> 74 <u>27</u> 78 <u>22</u> 79 <u>27</u> 81 <u>22</u> <u>1</u> <u>7</u> 86 <u>1</u> 87 <u>1</u> 88 <u>220</u> 91 <u>31</u> 93 <u>1</u> <u>600205</u> 94 <u>1</u>
1. NAME (First) <u>B A E I L I T O</u> (Middle) <u>I G O T</u> (Last) <u>L E S A C A, J R.</u>		
2. SEX <u>X</u> 1 Male ___ 2 Female 3. DATE OF BIRTH (day) (month) (year) <u>26</u> January 2002		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Open Maternity House, Lapu-Lapu City - Cebu</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single ___ 2 Twin ___ 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify _____		
c. BIRTH ORDER (Five births and fetal deaths including this delivery) <u>6th</u> (first, second, third, etc.) d. WEIGHT AT BIRTH <u>3266</u> grams		
6. MAIDEN NAME (First) <u>C A R M E L I T A</u> (Middle) <u>P.</u> (Last) <u>I G O T</u>		
7. CITIZENSHIP <u>Filipino</u> 8. RELIGION <u>R. Catholic</u>		
9a. Total number of children born alive: <u>6</u> b. No. of children still living including this birth: <u>6</u> c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>Housewife</u> 11. Age at the time of this birth: <u>39</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Buyong, Lapu-Lapu City Cebu</u>		
13. NAME (First) <u>R A S I L I T O</u> (Middle) <u>P.</u> (Last) <u>L E S A C A, S R.</u>		
14. CITIZENSHIP <u>Filipino</u> 15. RELIGION <u>R. Catholic</u>		
16. OCCUPATION <u>Ma interanoo</u> 17. Age at the time of this birth: <u>31</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 26, 1995 - Lapu-Lapu City</u>		
19a. ATTENDANT ___ 1 Physician ___ 2 Nurse <u>X</u> 3 Midwife ___ 4 Midot (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 <u>8:51 A.M.</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>C/O CMH, Lapu-Lapu City</u> Name in Print <u>Daurita Feyino</u> Title or Position <u>Midwife-CMH</u> Date <u>Jan. 28, 2002</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>Buyong, LLC</u> Name in Print <u>Rosario P. Legasa, Sr.</u> Relationship to the child <u>Father</u> Date <u>Jan. 26, 2002</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Eleanor A. Coforte</u> Title or Position <u>Clerk</u> Date <u>Jan. 28, 2002</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ELISA P. YOUNG</u> Title or Position <u>City Civil Registrar</u> Date <u>Jan. 28, 2002</u>		

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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

