


 Municipal Form No. 102  
 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCR)

REMARKS/ANNOTATION	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)</small>	
Province <u>Cebu</u>	Registry No. <u>2001 02670</u>
City/Municipality <u>Cebu City</u>	
<b>1. NAME</b> (First) <u>Judith</u> (Middle) (Last) <u>Misoza</u>	<b>FOR OCRG USE ONLY:</b> Population Reference No. _____
<b>2. SEX</b> <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	
<b>3. DATE OF BIRTH</b> (day) (month) (year) <u>18 Jan. 2001</u>	<b>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</b> 41 <u>20102670</u> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <u>2</u> <u>18012001</u> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <u>01</u> <u>3175</u> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <u>22</u> <u>76</u> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <u>01</u> <u>01</u> <u>00</u> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <u>22</u> <u>76</u> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 00 <input type="checkbox"/>
<b>4. PLACE OF BIRTH</b> (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Sudina Englis V. Ramp Cebu City Cebu</u>	
<b>5a. TYPE OF BIRTH</b> <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	
<b>b. IF MULTIPLE BIRTH, CHILD WAS</b> <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
<b>c. BIRTH ORDER</b> (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>	
<b>d. WEIGHT AT BIRTH</b> <u>3.25</u> grams	
<b>6. MAIDEN NAME</b> (First) (Middle) (Last) <u>Judith Mary Misoza</u>	
<b>7. CITIZENSHIP</b> <u>Fil.</u>	
<b>8. RELIGION</b> <u>R.C.</u>	
<b>9a. Total number of children born alive:</b> <u>1</u>	
<b>b. No. of children still living including this birth:</b> <u>1</u>	
<b>c. No. of children born alive but are now dead:</b> <u>0</u>	
<b>10. OCCUPATION</b> <u>Housewife</u>	
<b>11. Age at the time of this birth:</b> <u>28</u> years	
<b>12. RESIDENCE</b> (House No., Street, Barangay) (City/Municipality) (Province) <u>Sudina Englis V. Ramp Cebu City Cebu</u>	
<b>13. NAME</b> (First) (Middle) (Last) <u>Gemolin Comendado Verano</u>	
<b>14. CITIZENSHIP</b> <u>Fil.</u>	
<b>15. RELIGION</b> <u>R.C.</u>	
<b>16. OCCUPATION</b> <u>Carpenter</u>	
<b>17. Age at the time of this birth:</b> <u>31</u> years	
<b>18. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not Married</u>	
<b>19a. ATTENDANT</b> <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____	
<b>19b. CERTIFICATION OF BIRTH</b> I hereby certify that I attended the birth of the child who was born alive at <u>4:20</u> o'clock am/pm on the date stated above.	
Signature <u>A. Verano</u> Name in Print <u>Luciano Verano</u> Title or Position <u>Hilot</u>	Address <u>Dona Cristina Subd. Banawa, Cebu City</u> Date <u>2/6/01</u>
<b>20. INFORMANT</b> Signature <u>Judith Misoza</u> Name in Print <u>Judith Misoza</u> Relationship to the child <u>Mother</u>	
Address <u>Sudina Englis V. Ramp Cebu City</u> Date <u>2/6/01</u>	
<b>21. PREPARED BY</b> Signature <u>Micocha, Eliseo C.</u> Name in Print <u>Micocha, Eliseo C.</u> Title or Position <u>PRM</u> Date <u>2/6/01</u>	
<b>22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</b> Signature <u>AGNES C. DENAPU</u> Name in Print <u>AGNES C. DENAPU</u> Title or Position <u>CLERK</u> Date <u>FEB 12 2001</u>	
000220	

07262-A3-400EGA-01129-BI001

BEST POSSIBLE IMAGE


 T400072624000112911192019001  
 XN100211467

BRen

02217-B01BJ0M-2

 Documentary  
 Stamp Tax Paid



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