



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, 6b and 19a.)

Province Cebu Registry No. 98-2494 City/Municipality Talisay

1. NAME (First) Kristian (Middle) Deacon (Last) Bacalso

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) 30 (month) Oct. (year) 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Simbahan Medical Clinic, Tabunoc, Talisay, 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) 4th. (first, second, third, etc.) d. WEIGHT AT BIRTH 3,300 grams

6. MAIDEN NAME (First) Adorita (Middle) Recta (Last) Deacon

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 4 b. No. of children still living, including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Inayawan, Pardo, Cebu City

13. NAME (First) Rodrigo (Middle) Junco-ag (Last) Bacalso

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Warehouse Man 17. Age at the time of this birth: 55 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Oct. 26, 1985, Tuburan, Cebu

19a. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Healer (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 5:10pm o'clock am/pm on the date stated above.

Signature Rosmaria Simbahan M.D. Address Title or Position Physician Date

20. INFORMANT Signature Adorita Bacalso Address Title or Position Mother Date

21. PREPARED BY Signature Emelyn Amhayan Address Title or Position Wife Date Oct. 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature SEVERINO A. AMATIA Name in Print MUX. CIVIL REGISTRAR Title or Position Date 10-19-94

For OCRG USE ONLY: Population Reference No. 2250-A98UJ01-6

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9802494

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