



Municipal Form No. 102 (Revised 1983)

(To be accomplished in Triplicate)

REPUBLIC OF THE PHILIPPINES CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately, and legibly in ink or typewriter)

PROVINCE _____ CITY / MUNICIPALITY Cebu Lapu-lapu City LOCAL CIVIL REGISTRY NO. 223519

1. NAME (First) JESSA (Middle) _____ (Last) _____
 2. SEX (Place 'X' on appropriate answer) X Male Female
 3. DATE OF BIRTH (Day) 27 (Month) August (Year) 1992
 4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) Lapu-lapu City District Hospital (City/Municipality) Lapu-lapu City (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single 2 Twin 3 Three or more
5b. IF MULTIPLE BIRTH, CHILD WAS _____

6. MAIDEN NAME (First) Rafina (Middle) Cataogatan (Last) Quizon
 7. NATIONALITY Phil. 8. RELIGION R.C.

9. NAME (First) Victorino (Middle) Berano (Last) Lleno Jr.
 10. NATIONALITY Phil. 11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS October 27, 1950 (Impassable; if not applicable, fill Affidavit of Acknowledgement at the back) Date _____ Place LLC

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 7:40 P.M. o'clock am/pm on the date stated above.
 Signature [Signature] Address Lapu-lapu City District Hospital
 Name in print DR. BOLIVAR M. MOZA Date 8/27/92
 Title or position Resident Physician

14. INFORMANT
 Signature [Signature] Address Canjulae, LLC
 Name in print Victorino Lleno Jr. Date 8/27/92
 Relationship to child Father

15a. PREPARED BY
 Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Name in print Ms. Carmen Alcidera Signature _____
 Title or position nurse Name in print _____
 Date 8/27/92 Title or position _____
 Date _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT _____ b. DATE WHEN INFORMATION WAS SUPPLIED 1690

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BEST POSSIBLE IMAGE



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BRN 02226-A52RT03-8

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Carmelita N. Ericta
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Administrator and Civil Registrar General
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