PHILIPPINE STATISTICS AUTHORITY

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: CEBU
CITY/MUNICIPALITY: CEBU CITY
LOCAL CIVIL REGISTRY NO. 92-694

1 NAME — (First) REYNARDO (Middle) TURA (Last) LILANG

2 SEX (Place "x" on appropriate answer) XX 1 Male ___ 2 Female

3 DATE OF BIRTH (Day) 08 (Month) JUNE (Year) 1992

4 PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5 a TYPE OF BIRTH (Place "x" on appropriate answer) X 1 Single ___ 2 Twin ___ 3 Three or more

b IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Third, 4th, etc.

Father Mother

6 MAIDEN NAME (First) TERESITA (Middle) ALQUISALAS (Last) TURA — 7 NATIONALITY FILIPINO — 8 RELIGION ROMAN CATHOLIC

9 NAME (First) LEONARDO (Middle) ABOC (Last) LILANG — 10 NATIONALITY FILIPINO — 11 RELIGION ROMAN CATHOLIC

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) December 29, 1979; Mandaue City, Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 2:02 o'clock a.m./p.m. on the date stated above.

Signature ___
Name in print: WEDA ALCOSEBA LIM, M.D.
Title or position: Attending Physician
Address: c/o Chong Hua Hospital, Fuente Osmeña, Cebu City
Date: June 12, 1992

14 INFORMANT

Signature ___
Name in print: TERESITA TURA LILANG
Relationship to child: MOTHER
Address: Sudlon, Maguikay, Mandaue City
Date: June 10, 1992

15a. PREPARED BY

Signature ___
Name in print: MA. MAGDALENA M. RIAS
Title or position: Clerk-Record Section
Date: June 12, 1992

b RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature ___
Name in print: NIDA A. NUNEZ
Title or position: CLERK III
Date: DATE RC'D 1120

16 a INFORMATION GIVEN IN SUPPLEMENTAL REPORT — b DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 24 to be filled out at the office of the Local Civil Registrar) The code items are

Local Civil Registry No. 9 — Registration Status 5

PROVINCE: Cebu
CITY/MUNICIPALITY: Cebu City

Child

17 Weight of Birth (In grams) 2,500 Grams 16

18 Birth Order of Child Ex. First, Second, etc. Third 20

19 a. Total Number of Children Born Alive Three 22 — b. How many children are now living including this birth? Three 24 — c. How many children were born alive but are now dead None 28

Mother

20 Usual Occupation NONE 26

21 Age at the time of this Birth 36 yrs. old 31

22 Usual Residence (Barangay) Maguikay, (City/Municipality) Mandaue City, (Province) Cebu 33

Father

23 Usual Occupation LABORER 39

24 Age at the time of this Birth 38 yrs. old 41

RESERVE FOR BINDING

25 Attendant of Birth (Place "x" on appropriate answer) X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot ___ 5 Others 43

Sex 44 — Date of Birth 45 — Place of Birth 51 — Mother's Nationality 56 — Father's Nationality 58

NAME OF CHILD: First 68 — M.I. 70 — Last 72

08171-E8-400ARM-00214-BI001

BEST POSSIBLE IMAGE

BReN
02217-A92L80E-9

Documentary
Stamp Tax Paid

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

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