



National 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. 87-452

1. NAME (First) CEASAR (Middle) CAÑETE (Last) PINGA
2. SEX (Place 'X' on appropriate answer) X Male Female
3. DATE OF BIRTH (Day) 8 (Month) February (Year) 1987
4. PLACE OF BIRTH (Name of Hospital/Institution: If not in Cebu Puer, Jenter, or Hospital, specify Barangay) Cebu Puer, Jenter, House no. 11, House no. 1139 (City/Municipality) Cebu (Provincial) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X Single Twin Three or more
5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.
6. MAIDEN NAME (First) MA. IELANIE (Middle) DUAZO (Last) CAÑETE
7. NATIONALITY FIL.
8. RELIGION ROMAN CATHOLIC
9. NAME (First) CEASAR (Middle) BANTAWIG (Last) PINGA JR.
10. NATIONALITY FIL.
11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) September 20, 1986 Sto. Niño Parish, Tabango, Lugo

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:47 o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address Cebu Puer, Jenter, House no. 11, House no. 1139
Name in print HOPE LORENA FLORES M.D. City/Municipality Cebu City
Title or position Physician Date Feb. 8, 1987

14. INFORMANT
Signature [Signature] Address 27 Tres Barcos St., Mabale
Name in print CEASAR U. PINGA JR. City/Municipality Cebu City
Relationship to child Father Date Feb. 8, 1987

15a. PREPARED BY
Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print Benin M. Gano Signature [Signature]
Title or position clerk Name in print [Name]
Date Feb. 8, 1987 Title or position [Title]
Date [Date]

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT a. DATE WHEN INFORMATION WAS SUPPLIED 4470

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Cebu Local Civil Registry No. 8700452 Registration Status 1
CITY/MUNICIPALITY Cebu City

17. Weight at Birth (In grams) 1600 1600 18. Birth Order of Child first
Ex. first, second, etc. 0/1

19a. Total Number of Children Born Alive 0/22 b. How many children are now living including this birth? 0/24 c. How many children were born alive but are now dead? 0/20

20. Usual Occupation none 21. Age at the time of this Birth 21

22. Usual Residence (Barangay) 27 Tres Barcos St., Mabale (City/Municipality) Cebu City (Province) Cebu

23. Usual Occupation freelance guide 24. Age at the time of this Birth 24

25. Attendant of Birth (Place 'X' on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Other

26. Date of Birth 02/08/87 27. Place of Birth Y-1/378 28. Mother's Nationality 29. Father's Nationality

NAME OF CHILD
First CEASAR M.I. U Last PINGA JR.

RESERVE FOR BINDING



02315-12-400RTS-00345-B1001

BEST POSSIBLE IMAGE



T400023154000034505042006001

02217-A87C806-3

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office