



REPUBLIC OF THE PHILIPPINES
 CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in in or typewriter)

(To be accomplished in Triplicate)

Form No. 102
 (Revised 1983)

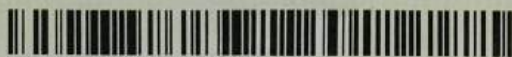
PROVINCE BOHOL LOCAL CIVIL REGISTRY NO. 92-1134
 CITY/MUNICIPALITY TAGBILARAN CITY
 1. NAME (First) (Middle) (Last)
MA AILENE GAMBOA
 2. SEX (Place 'X' on appropriate answer) DATE OF BIRTH (Day) (Month) (Year)
 1 Male 2 Female 25 4 1992
 4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
(MORO) COCON DIST. TAGBILARAN CITY BOHOL
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.
 6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
HELEN ELSON GAMBOA PHIL. R.C.
 9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
ILL
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
 Date ILL Place _____
 13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 5:30 o'clock on pm on the date stated above.
 Signature [Signature] Address CITY HEALTH OFFICE
 Name in print TERESITA L. QUIVEDO TAGBILARAN CITY
 Title or position PHN Date 4-25-92
 14. INFORMANT
 Signature [Signature] Address COCON DIST.
 Name in print HELEN GAMBOA TAGBILARAN CITY
 Relationship to child MOTHER Date 4-25-92
 15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature [Signature] Signature _____
 Name in print T. L. QUIVEDO Name in print _____
 Title or position PHN Title or position _____
 Date _____ Date 5-28-92
 16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 3130

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

PROVINCE BOHOL Local Civil Registry 9201132 Registration Status 7
 CITY/MUNICIPALITY TAGBILARAN CITY 8 15
 17. Weight of Birth (In grams) 3201 3201 16 18. Birth Order of Child Ex. first, second, etc. 02 20
 19a. Total Number of Children Born Alive 02 22 b. How many children are now living including this birth? 02 24 c. How many children were born alive but are now dead? 00 28
 20. Usual Occupation HOUSEWIFE 220 26 21. Age at the time of this Birth 24 31
 22. Usual Residence Barangay COCON DIST. (City/Municipality) (Province) TAGBILARAN CITY BOHOL 33
 23. Usual Occupation PHN 290 39 24. Age at the time of this Birth 41 41
 25. Attendant of Birth (Place 'X' on appropriate answer) 3 43
 1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others
 Sex 2 44 Date of Birth 250492 45 Place of Birth 12427 51 Mother's Nationality 1 56 Father's Nationality 9 57
 NAME OF CHILD
 First M.I. Last
MA AILENE G GAMBOA
 60 70 71

08646-16-999CPB-00233-BI001

BEST POSSIBLE IMAGE



T089086469990023308312023001

AR000179162

BReN
 01242-A92HR02-3

Documentary
 Stamp Tax Paid

CDSM

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

