

Municipal Form 102  
(Revised 1983)

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

(To be accomplished in Triplicate)

PROVINCE Cebu  
CITY / MUNICIPALITY Bogo

LOCAL CIVIL REGISTRY NO. 92-1016

1. NAME (First) SERGE (Middle) HEPIEZA (Last) BARING

2. SEX (Place 'X' on appropriate answer) X 1 Male      2 Female  
DATE OF BIRTH (Day) 26 (Month) September (Year) 1992

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) SMDH (City/Municipality) Bogo (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' an appropriate answer) X 1 Single      2 Twin      3 Three or more  
5b. IF MULTIPLE BIRTH, CHILD WAS      1 First      2 Second      3 Third, 4th, etc.

6. MAIDEN NAME (First) Pas (Middle) Rivera (Last) Hepeza  
7. NATIONALITY Phil. 3. RELIGION R.C.

9. NAME (First) Sergio (Middle) Dignos (Last) Baring  
10. NATIONALITY Phil. 11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS Date May 4, 1979 (Important: if not applicable, fill Affidavit of Acknowledgment at the back)  
Place Medellin, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 12:30 AM on the date stated above.

Signature [Signature] Address SMDH - Bogo, Cebu  
Name in print Thelma E. Fernandez, M.D. Date 26 Sept. 1992  
Title or position Resident Physician

14. INFORMANT Signature [Signature] Address Cantecoran, Bogo, Cebu  
Name in print Sergio Baring Date 26 Sept. 1992  
Relationship to child Father

15a. PREPARED BY Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Name in print Samson M. Lepitan Signature [Signature]  
Title or position Clerk Name in print [Signature]  
Date 26 Sept. 1992 Title or position Clerk

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

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled)