(Copy for OCRG)

NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province CEBU
City/Municipality CEBU CITY

Registry No. 2000-1275

For OCRG USE ONLY: Population Reference No. 224-B004P20-4

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) WINO (Middle) JAN MARKIU (Last) ESCULTOR BAYUTAS

2. SEX — X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year) 15 JANUARY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province) ST. VINCENT GENERAL HOSPITAL-CEBU CITY

5a. TYPE OF BIRTH — X 1 Single ___ 2 Twin ___ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) FIRST (first, second, third, etc.)

d. WEIGHT AT BIRTH 2810 grams

MOTHER

6. MAIDEN NAME (First) SHEILA MARIE (Middle) SIGAYA (Last) ESCULTOR

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION TEACHING

11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) GILOCTOG, BARILI, CEBU

FATHER

13. NAME (First) PABLO (Middle) RIGAPLAZA (Last) BAYUTAS

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TEACHING

17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 1, 1999- BARILI, CEBU

19a. ATTENDANT — X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:40 A.M. o'clock am/pm on the date stated above.

Signature [signature] Address c/o ST. VINCENT GENERAL HOSPITAL-CEBU CITY
Name in Print DR. MA. SOCORRO MANALOTO
Title or Position ATTENDING PHYSICIAN Date JANUARY 15, 2000

20. INFORMANT
Signature [signature] Address GILOCTOG, BARILI, CEBU
Name in Print PABLO BAYUTAS
Relationship to the child FATHER Date JANUARY 15, 2000

21. PREPARED BY
Signature [signature]
Name in Print GERRELLA MAGNAYA
Title or Position CLERK
Date JANUARY 15, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print JOELN[illegible]A TERNE
Title or Position CLERK I
Date JAN 27 2000

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BEST POSSIBLE IMAGE

CARMELITA N. ERICTA