



Revised Form No. 102  
January 1993

(Copy for OCRG)

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.)

Province Cebu	City/Municipality Dumanjug	Registry No. 909-161	REMARKS/NOTATION 
1. NAME Last: DESOACIDLO First: JOSEPH Middle: DUMANJUG	2. SEX X Male 2 Female	3. DATE OF BIRTH Day: 15 Month: JANUARY Year: 2003	For OCRG USE ONLY: Population Reference No.
4. PLACE OF BIRTH Name of Hospital/Clinic/Institution/ House No., Street, Barangay: SOLIC DUMANJUG Cebu	5a. TYPE OF BIRTH X 1 Single 3 Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
6. MAIDEN NAME First: Alicia Middle: Desoacido Last: Desoacido	7. CITIZENSHIP Filipino	8. RELIGION Catholic	48
9a. Total number of children born alive: 1	9b. No. of children still living including this birth: 1	9c. No. of children born alive but are now dead: 0	49
10. OCCUPATION HOUSEWIFE	11. Age at the time of this birth: 34 years	12. RESIDENCE (House No., Street, Barangay) Bulak Dumanjug Cebu (Province)	50
13. NAME First: Benedicto Middle: Macario Last: Macario	14. CITIZENSHIP Filipino	15. RELIGION Catholic	51
16. OCCUPATION Farmer	17. Age at the time of this birth: 34 years	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) March 24, 1987 Dumanjug, Cebu	52
19a. ATTENDANT X 1 Physician 4 Midwife 5 Others (Specify)	19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 1:00 P.M., o'clock am/pm on the date stated above. Signature: J. Garcia Name in Print: J. Garcia Title or Position: MIDWIFE Address: Bulak, Dumanjug Date: 04-15-03	20. INFORMANT Signature: Cesar Desoacido Name in Print: Cesar Desoacido Relationship to the child: Father Address: Bulak, Dumanjug Date: 04-15-03	53
21. PREPARED BY Signature: [Signature] Name in Print: [Name] Title or Position: REGISTRAR Date: [Date]	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL Signature: [Signature] Name in Print: [Name] Title or Position: CIVIL REGISTRAR Date: [Date]	49	54
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Lisa Grace S. Bersales  
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National Statistician and Civil Registrar General  
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