



(Copy for OCRG)

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.)

Province <u>CEBU</u>		Registry No. <u>200861438</u>	
City/Municipality <u>MANDAUE CITY</u>			
1. NAME (First) (Middle) (Last) <u>KAYE FRANCES MUANA ABEJO</u>			
2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>2 MAY 2003</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>VICENTE GULLAS MEMORIAL HOSPITAL BANILAD, MANDAUE CITY CEBU</u>			
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>    </u> 2 Twin <u>    </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>    </u> 1 First <u>    </u> 2 Second <u>    </u> 3 Others, Specify <u>    </u>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3100</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>LEARINA MONTALBAN MUANA</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>22</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>M.L. QUEZON ST., MANDAUE CITY CEBU</u>			
13. NAME (First) (Middle) (Last) <u>ELISSAR PERALES ABEJO</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>GRAPHIC ARTIST</u>		17. Age at the time of this birth: <u>23</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NONE</u>			
19a. ATTENDANT <u>X</u> 1 Physician <u>    </u> 2 Nurse <u>    </u> 3 Midwife <u>    </u> 4 Hilot (Traditional Midwife) <u>    </u> 5 Others (Specify) <u>    </u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:20 p.m.</u> o'clock <u>am/pm</u> on the date stated above. Signature <u>Alfredo Bongo M.D.</u> Address <u>C/O VICENTE GULLAS MEM. HOSPITAL BANILAD, MANDAUE CITY</u> Name in Print <u>ALFREDO BONGO M.D.</u> Date <u>MAY 2, 2003</u> Title or Position <u>ATTENDING PHYSICIAN</u>			
20. INFORMANT Signature <u>Elissar P. Abejo</u> Address <u>M.L. QUEZON ST., MANDAUE CITY CEBU</u> Name in Print <u>ELISSAR P. ABEJO</u> Date <u>MAY 5, 2003</u> Relationship to the child <u>FATHER</u>			
21. PREPARED BY Signature <u>Michelle M. Ejido</u> Name in Print <u>MICHELLE M. EJIDO</u> Title or Position <u>CLERK</u> Date <u>MARCH 13, 2008</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Antonia S. Basilog</u> Name in Print <u>ANTONIA S. BASILOG</u> Title or Position <u>Civil Registrar</u> Date <u>    </u>	

REMARKS/ANNOTATION  
**DELAYED REGISTRATION**

FOR OCRG USE ONLY  
Population Statistics Division

TO BE MAILED AT THE OFFICE OF THE CIVIL REGISTRAR

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

09036-FC-080JNR-00105-BI001

BReN  
02230-B03K203-3

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



T080090360800010509272024001  
AS600172897

