



(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, 6b and 18a.)

Province Cebu Registrar No. 2000 10098

City/Municipality Cebu City

1. NAME (First) Regilyn (Middle) Songahid (Last) Cutar

2. SEX 1 Male X Female 3. DATE OF BIRTH (day) 15 (month) April (year) 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
86-A Mabini St. Cebu City Cebu

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) 2 (first, second, third, etc.) d. WEIGHT AT BIRTH 3129 grams

6. MAIDEN NAME (First) Virgie (Middle) Gallardo (Last) Songahid

7. CITIZENSHIP Filipino 8. RELIGION RC

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION housekeeper 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
86-A Mabini St. Cebu City Cebu

13. NAME (First) Frederick (Middle) Bongato (Last) Cutar

14. CITIZENSHIP Filipino 15. RELIGION RC

16. OCCUPATION laborer 17. Age at the time of this birth: 22 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 24, 1999 Cebu City

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 5:00 o'clock am/pm on the date stated above.

Signature [Signature] Address 7, Villa St. Cebu City
Name in Print Boba Rogero Date 4/28/2000
Title or Position hilot

20. INFORMANT
Signature [Signature] Address 86-A Mabini St. Cebu City
Name in Print Virgie Cutar Date 4/28/2000
Relationship to the child mother

21. PREPARED BY
Signature [Signature]
Name in Print Emilie S. Babilado
Title or Position clerk
Date 4/28/2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Name]
Title or Position [Title]
Date [Date]

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2271-P001F22-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2000100

48 1

49 2 50 5372

55 22176

61 1

62 02 64 3129

66 1 68 1

70 02 72 01 74 00

76 220 78 23

81 7776

86 1 87 1

88 999 91 22

93 1 000210

94 1

04014-7D-400KCM-00186-B1001

BEST POSSIBLE IMAGE



T400040144000018612282010001

BReN 02217-B00HF0H-6

Documentary Stamp Tax Paid

Carmelita N. ERICTA

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

