

**NATIONAL STATISTICS OFFICE**  
Philippines

Form No. 102  
(Revised January 1992)


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 Boxes 2, 5a, 5b and 15a.)*

Province <b>CEBU</b>		City/Municipality <b>CEBU CITY</b>		Municipality No. <b>4402-33136</b>		REMARKS/ANNOTATION
Per OCRO USE ONLY Population Reference No.						
1. NAME (First Middle Last) <b>LESTER JASON CASTRO</b>		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (Day) (Month) (Year) <b>8 NOVEMBER 2002</b>		<p>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p> <p>41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100 <input type="checkbox"/></p> <p>000286 28</p>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <b>CEBU FOUR-CENTERS &amp; MATERNITY HOSPITAL, INC., CEBU CITY, CEBU</b>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify _____		
6. MOTHER'S NAME (First Middle Last) <b>WILMA JUSTINO CASTRO</b>		7. CITIZENSHIP <b>FIL.</b>		8. RELIGION <b>CATHOLIC</b>		
9a. Total number of children born alive: <b>1</b>		9b. No. of children still being suckled this birth: <b>1</b>		9c. No. of children born alive but are now dead: <b>0</b>		
10. OCCUPATION <b>HOUSEWIFE</b>		11. Age at the time of this birth: <b>23</b> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>20 J.M. BAGA ST. CEBU CITY CEBU</b>		
13. NAME (First Middle Last) <b>FORGE FORGE CASTRO</b>		14. CITIZENSHIP <b>FIL.</b>		15. RELIGION <b>CATHOLIC</b>		
16. OCCUPATION <b>OVERSEAS CONTRACT WORKER</b>		17. Age at the time of this birth: <b>29</b> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, appropriate Affiant of Acknowledgment, (Indication of Personality of the Birth)) <b>SEPTEMBER 19, 2000 ASPURIAS, CEBU</b>		
19a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) _____		19b. CERTIFICATION OF BIRTH (Specify clearly that I am either the father or the mother who gave birth to the child on the date, month, year, and time on the date, month, year, and time) <b>CEBU FOUR-CENTERS &amp; MATERNITY HOSPITAL, INC., CEBU CITY</b>		20. INFORMANT (Name in Full) (Signature) (Title or Position) (Date) <b>WILMA J. JUSTINO CASTRO</b>		
21. PREPARED BY (Name in Full) (Signature) (Title or Position) (Date) <b>LIARITA D. BUSTANOS</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Name in Full) (Signature) (Title or Position) (Date) <b>CARMELITA N. ERICATA</b>				

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BRn  
02217-802W806-8

Documentary  
Stamp Tax Paid

*Carmelita N. Ericata*

**CARMELITA N. ERICATA**  
Administrator and Civil Registrar General  
National Statistics Office



4. Marriage Certificate (if married) N/A

5. NSO/PSA Birth Certificate of children (if applicable) N/A

6. Barangay Clearance/Certificate