(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.)

REMARKS/ANNOTATION

Province: CEBU
City/Municipality: CEBU CITY
Registry No. 2000 13471

CHILD

1. NAME (First) KRISTINE (Middle) VISMANOS (Last) BAYLON

2. SEX ___ 1 Male XX 2 Female

3. DATE OF BIRTH (day) 21 (month) MAY (year) 2000

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

5a. TYPE OF BIRTH XX 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 total deaths including this delivery) SECOND (first, second, third, etc.)

d. WEIGHT AT BIRTH 2,350 grams

MOTHER

6. MAIDEN NAME (First) MA. CHONA (Middle) CABILAO (Last) VISMANOS

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: Two

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

c. No. of children born alive but are now dead: None

10. OCCUPATION OPERATOR

11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) CAMPUTHAW (City/Municipality) CEBU CITY (Province) CEBU

FATHER

13. NAME (First) ELMER (Middle) BEDIOT (Last) BAYLON

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION COMMERCIAL CAMERAMAN

17. Age at the time of this birth 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
FEBRUARY 22, 1993, CEBU CITY, CEBU

19a. ATTENDANT
___ 1 Physician ___ 2 Nurse ___ 3 Midwife
X 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 12:07 P.M. o'clock am/pm on the date stated above.

Signature
Name in Print: ALICIA M. GONZALEZ, M.D.
Title or Position: Attending Physician
Address: c/o Chong Hua Hospital, Fuente Osmeña, Cebu City
Date: May 222, 2000

20. INFORMANT
Signature
Name in Print: MA. CHONA V. BAYLON
Relationship to the child: MOTHER
Address: Camputhaw, Cebu City, Cebu
Date: May 22, 2000

21. PREPARED BY
Signature
Name in Print: BERNARDINA I. GERONA
Title or Position: CLERK
Date: May 22, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
Name in Print: AGNES C. DENAPO
Title or Position: CLERK-I
Date: June 01, 2000

For NSO Use Only: Registration Reference No. 2217-B00KM15-3

To be filled up at the Office of the Civil Registrar

01 2 0 0 0 1 3 4 7 1
02 1
03 2 1 1 5 2 0 0
04 2 2 1 1 1 0
05 1
06 0 1 2 1 0 0
07 1 1
08 0 2 0 2 0 0
09 4 2 1 2 4
10 2 1 1 1 1
11 1 1
12 1 6 3 2 0
13 1,340
14 [illegible]

PHILIPPINE STATISTICS AUTHORITY PSA

08236-76-400GQC-01380-BI001
BEST POSSIBLE IMAGE
T4000823640001380072020220 01
VP100779168

BReN
02217-B00KM04-6

Documentary Stamp Tax Paid

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