



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(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 <u>CEBU</u>		Registry No. <u>99 24211</u>		REMARKS/ANNOTATION
City/Municipality <u>CEBU CITY</u>				
CHILD	1. NAME (First) <u>CARL ANTHONY</u> (Middle) <u>ATILLO</u> (Last) <u>CLEMEN</u>		For OCRG USE ONLY: Population Reference No.	
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>5</u> <u>OCTOBER</u> <u>1999</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUB. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,440</u> grams	
	6. MAIDEN NAME (First) <u>LIGAYA</u> (Middle) <u>GO</u> (Last) <u>ATILLO</u>		41 <u>9924211</u>	
	7. CITIZENSHIP <u>FILIPINO</u>		48 <u>1</u>	
	8. RELIGION <u>ROMAN CATHOLIC</u>		49 <u>1</u> 50 <u>051099</u>	
	9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>	
	c. No. of children born alive but are now dead: <u>0</u>		56 <u>22178</u>	
10. OCCUPATION <u>COMPUTER ENCODER</u>		11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>SAN MIGUEL ST., LOREGA, CEBU CITY, CEBU</u>		61 <u>1</u>		
13. NAME (First) <u>CESAR</u> (Middle) <u>QUIACHON</u> (Last) <u>CLEMEN</u>		62 <u>03</u> 64 <u>3440</u>		
14. CITIZENSHIP <u>FILIPINO</u>		66 <u>1</u> 68 <u>1</u>		
15. RELIGION <u>ROMAN CATHOLIC</u>		70 <u>53</u> 72 <u>03</u> 74 <u>00</u>		
16. OCCUPATION <u>NONE</u>		76 <u>337</u> 78 <u>09</u>		
17. Age at the time of this birth: <u>29</u> years		81 <u>22178</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>SEPTEMBER 17, 1994 HANDAUE CITY</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:25 P.M.</u> o'clock am/pm on the date stated above.				
Signature <u>MABELINE AMADORA, M.D.</u> Name in Print <u>PREVICIAN</u>		Address <u>CEBU PUB. CENTER & MAT. HOUSE, INC., CEBU CITY</u> Date <u>OCTOBER 5, 1999</u>		
20. INFORMANT Signature <u>LIGAYA CLEMEN</u> Name in Print <u>MOTHER</u> Relationship to the child				
Address <u>SAN MIGUEL ST., LOREGA, CEBU CITY</u> Date <u>OCTOBER 5, 1999</u>		86 <u>1</u> 87 <u>1</u> <u>000242</u>		
21. PREPARED BY Signature <u>JOCULIN B. ITONG</u> Name in Print <u>CLERK</u> Title or Position <u>CLERK</u> Date <u>OCTOBER 5, 1999</u>		88 <u>270</u> 91 <u>29</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>BERNARD DENAPD</u> Name in Print <u>CLERK - I</u> Title or Position <u>CLERK - I</u> Date <u>OCT 11 1999</u>		92 <u>1</u> <u>09/17/94</u> <u>22301</u> <u>16/11/99</u>		

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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority