PHILIPPINE STATISTICS AUTHORITY

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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: CEBU
City/Municipality: CEBU CITY
Registry No. 20056830

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) FRANCIZ (Middle) CORVERA (Last) BACUS

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 7 MARCH 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): CEBU PUBL. CENTER & MATERNITY HOUSE, INC., 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): SECOND (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2,900 grams

MOTHER

6. MAIDEN NAME (First) FELIBERTA (Middle) LANUGON (Last) CORVERA

7. CITIZENSHIP: FILIPINO

8. RELIGION: CHRISTIAN

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: HOUSEWIFE

11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): A. TUMULAK ST., JUN-OB, LAPU-LAPU CITY, CEBU

FATHER

13. NAME (First) ADONIS (Middle) PITAO (Last) BACUS

14. CITIZENSHIP: FILIPINO

15. RELIGION: CHRISTIAN

16. OCCUPATION: MUSICIAN

17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 29, 2000 SANGI, LAPU-LAPU 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 6:25 P.M. o'clock am/pm on the date stated above.
Signature
Name in Print: JOSEPHINE FALCON, M.D.
Title or Position: PHYSICIAN
Address: CEBU PUBL. CENTER & MATERNITY HOUSE, INC., CEBU CITY
Date: MARCH 7, 2005

20. INFORMANT
Signature
Name in Print: FELIBERTA C. BACUS
Relationship to the child: MOTHER
Address: A. TUMULAK ST., JUN-OB, LAPU-LAPU CITY, CEBU
Date: MARCH 7, 2005

21. PREPARED BY
Signature
Name in Print: JOCELYN B. ITONG
Title or Position: CLERK
Date: MARCH 7, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: OSCAR B. MULO
Name in Print: Registration Officer IV
Title or Position
Date: 2005 MAR 10

06075-2F-400ADT-00105-BI001

BEST POSSIBLE IMAGE

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MK300526509

BReN
02217-B05E708-7

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