



(Copy for CCRG)

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 2730					
(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> City/Municipality <u>CEBU CITY</u>			Registry No. <u>96-26064</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>CRISJOHN LLOYD SALBORO CARSTE</u>		For CCRG 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>21 OCT. 1996</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>110- T. Villa Gonzalo St., 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) (first, second, third, etc.) <u>1st.</u>		d. WEIGHT AT BIRTH <u>2296</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>CRISELDA UNGUI SALBORO</u>		41 <u>9626064</u>		
	7. CITIZENSHIP <u>Filipino</u>		48 <u>1</u>		
	8. RELIGION <u>Catholic</u>		49 50 <u>1 211096</u>		
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		
	9c. No. of children born alive but are now dead: <u>0</u>		56 <u>22178</u>		
FATHER	10. OCCUPATION <u>factory worker</u>		11. Age at the time of this birth: <u>26</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>110 I Villa Gonzalo St., Cebu City Cebu</u>		61 <u>1</u>		
	13. NAME (First) (Middle) (Last) <u>LUCIO GOTAHORA GAYTES</u>		62 64 <u>01 2296</u>		
	14. CITIZENSHIP <u>Filipino</u>		68 69 <u>1 1</u>		
	15. RELIGION <u>Catholic</u>		70 72 74 <u>01 01 00</u>		
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>27</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 28, 1995 Cebu City</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (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>2:30 A.M.</u> o'clock am/pm on the date stated above.					
Signature <u>Catalina Ceniza</u> Name in Print <u>CATALINA CENIZA</u> Title or Position <u>Traditional Midwife</u>		Address <u>71-HW - J. Pasillo</u> <u>St. Enrique, City,</u> Date <u>Oct. 2/96</u>			
20. INFORMANT Signature <u>CRISELDA O. CARSTE</u> Name in Print <u>CRISELDA O. CARSTE</u> Relationship to the child <u>Mother</u>		Address <u>110-1 Villa Gonzalo St.</u> <u>Cebu City</u> Date <u>Oct. 27, 1996</u>			
21. PREPARED BY Signature <u>Catalina Ceniza</u> Name in Print <u>CATALINA CENIZA</u> Title or Position <u>Traditional Midwife</u> Date <u>1, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>EVERETT A. MADRIGAL</u> Name in Print <u>EVERETT A. MADRIGAL</u> Title or Position <u>CLERK</u> Date <u>OCT-25 1996</u>			
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CARMELITA CENIZA