



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.)

Province Cebu City/Municipality Cebu City Registry No. 2000 05529

1. NAME (First) MINNIE VERA (Middle) ALBISO (Last) LASOLA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 06 March 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) Cebu Doctors Hospital 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 (five births and fetal deaths including this delivery) FIRST (first, second, third, etc.) d. WEIGHT AT BIRTH 2665 grams

6. MAIDEN NAME (First) Casimera Maribeth (Middle) Geyronaga (Last) Albise

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION Sales Engineer - Alenaire 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Unit V Oppra Vill. Kalunasan Cebu City Cebu

13. NAME (First) Joroben (Middle) Biol (Last) Lasola

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Businessman / Symetry 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.) September 25, 1999 Capitol Parish Church Cebu 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 4:53 Am o'clock am/pm on the date stated above.

Signature ROWENA TU M.D. Address Cebu Doctors Hospital Cebu City Title or Position Attending Physician Date March 06, 2000

20. INFORMANT Signature Joroben B. Lasola Address Unit V Oppra Vill. Kalunasan Cebu City Name in Print Joroben B. Lasola Relationship to the child Father Date March 06, 2000

21. PREPARED BY Signature Greg Espinoza Name in Print Greg Espinoza Title or Position Medical Records Clerk Date March 06, 2000 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature JIMENA DELA CERNA Name in Print JIMENA DELA CERNA Title or Position CLERK I Date MAR 11 2000

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 000251

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

