



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 Registry No. 95-19294  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
FLORAMIE CABAMO YU  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
3 August 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Sanjeron 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) (first, second, third, etc.) 1  
d. WEIGHT AT BIRTH 1835 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Teofila Mercedes Cabamo  
7. CITIZENSHIP FD 8. RELIGION R-C

9a. Total number of children born alive: 4  
b. No. of children still living including this birth: 4  
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 32 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Sanjeron Cebu City Cebu

13. NAME (First) (Middle) (Last)  
Florante Valery Yu  
14. CITIZENSHIP FD 15. RELIGION R-C  
16. OCCUPATION Laborer 17. Age at the time of this birth: 40 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
September 14, 1985 Talibon Cebu

19a. ATTENDANT X 1 Physician 2 Nurse X 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 8:00 o'clock am/pm on the date stated above.  
Signature [Signature] Address Sanjeron Cebu City  
Name in Print CONCELITA B. AGADON Date Aug 17/95  
Title or Position PHM

20. INFORMANT  
Signature Teofila Yu Address Sanjeron Cebu City  
Name in Print TEOFILA Yu Date Aug 17/95  
Relationship to the child

21. PREPARED BY  
Signature [Signature]  
Name in Print CONCELITA B. AGADON  
Title or Position PHM  
Date Aug 17/95  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print CECILIA B. AGADON  
Title or Position PHM  
Date Aug 17/95

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9519294  
48 1  
49 50 030895  
56 22178  
61 1  
62 64 09 2835  
68 69 1 1  
70 72 74 04 07 00  
76 79 480 32  
81 22178  
86 87 1 1 2630  
88 91 999 40  
93 091489  
2250/  
082275  
94 1

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

Documentary  
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