



(Copy for OCRG)

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, 9b and 19a.)

Province Cebu Registry No. 102
City/Municipality Tuburan

1. NAME (First) (Middle) (Last)
JEANIE EST (Middle) (Last)

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)
08 08 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) 08 08 1999

5a. TYPE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) 08 08 1999
1 Single 2 Twin 3 Others, Specify
X 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 00 d. WEIGHT AT BIRTH 3.60 grams

6. MAIDEN NAME (First) (Middle) (Last)

7. CITIZENSHIP Philippine 8. RELIGION Catholic

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 11. Age at the time of this birth: 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP Philippine 15. RELIGION Catholic

16. OCCUPATION 17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT Feb. 24, 1994 Tuburan, Cebu
1 Physician 2 Nurse 3 Midwife
4 Healer (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 9:00 P.M. o'clock
am/pm on the date stated above.

Signature [Signature] Address Somon Tuburan, Cebu
Name in Print RODOLFO REBANDON Date Sept. 14, 1999
Title or Position Mayor

20. INFORMANT
Signature [Signature] Address Jagbuaya Tuburan, Cebu
Name in Print Joel Cobas Date Sept. 14, 1999
Relationship to the child Father

21. PREPARED BY
Signature [Signature] 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Name in Print SUSAN M. TILAGON Signature [Signature]
Title or Position Civil Registry Clerk III Name in Print MARIO J. POTENCIOSO
Date 9/14/99 Title or Position NCR

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No. 225 19786-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9901137
48
49 50 2 080999
56 22525
61
62 64 02 3000
68 69
70 72 74 02 02 00
76 78 220 25
81 22525
86 87
88 91 619 24
93 00041
94

09021-0F-400RLD-01011-81001

BEST POSSIBLE IMAGE



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XR200626304



CSM

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

