



Municipality Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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
City/Municipality CEBU Registry No. 97 34193

1. NAME (First) KIRSTIE CLAIRE (Middle) (Last) MEDALLO
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year) 24 DECEMBER 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
CEBU CITY MEDICAL CENTER 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

6. MAIDEN NAME (First) (Middle) (Last) CLAIRE DE LUNE LUCERO MEDALLO
7. CITIZENSHIP FIL 8. RELIGION R.C.
9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0
10. OCCUPATION NONE 11. Age at the time of this birth: 19 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
508-P. DEL ROSARIO EXT. CEBU CITY CEBU

13. NAME (First) (Middle) (Last) UNKNOWN
14. CITIZENSHIP N.A. 15. RELIGION N.A.
16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

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

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 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 9:16 o'clock am/pm on the date stated above.
Signature [Signature] Address N. BACALSO AVENUE
Name in Print CYRILLE C. CAMBRONERO City/Municipality CEBU CITY
Title of Position M.D. Date DECEMBER 24, 1997

20. INFORMANT
Signature [Signature] Address 508-P. DEL ROSARIO EXT.
Name in Print CLAIRE DE LUNE MEDALLO City/Municipality CEBU CITY
Relationship to the child MOTHER Date DECEMBER 24, 1997

21. PREPARED BY
Signature [Signature] Address _____
Name in Print JUDITHA D. CLAUDIO City/Municipality _____
Title of Position D. S. OFFICE Date _____
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature] Address _____
Name in Print EVELYN A. ARANILLA City/Municipality _____
Title of Position CLERK I Date JAN 16 1998

For OCRG USE ONLY: Population Reference No. _____
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
41 9734193
42 1
43 2 44 241297
45 22178
46 012808
47 1 48 1
49 01 50 01 51 00
52 220 53 19
54 22178
55 + 56 +
57 + 58 +
59 + 60 +
61 + 62 +
63 + 64 +
65 + 66 +
67 + 68 +
69 + 70 +
71 + 72 +
73 + 74 +
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95 + 96 +
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99 + 100 +

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BEST POSSIBLE IMAGE



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

