



Municipal 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 11a.)

Province CEBU Registry No. 2003 29665  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
PHILBERT JAMES LAZAGA OBESO

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (Day) (month) (year)  
10 OCTOBER 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY CEBU

5a. TYPE OF BIRTH  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.) SECOND  
d. WEIGHT AT BIRTH 2.500 grams

6. MADDEN NAME (First) (Middle) (Last)  
LIZA FUENTES LAZAGA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN 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 RURAL HEALTH MIDWIFE 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
LAWAN-I, TALISAY CITY CEBU

13. NAME (First) (Middle) (Last)  
ERWIN OBDANKY OBESO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION NONE 17. Age at the date of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, second date, anniversary, Acknowledgment/Admission of Paternity at the back.)  
SEPTEMBER 4, 1999 PALACE OF JUSTICE, CEBU CITY

19a. ATTENDANT  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 2:34 a.m./p.m. on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Name in Print GRACE FLEND, M.D. Date OCTOBER 10, 2003  
Title or Position PHYSICIAN

20. INFORMANT  
Signature [Signature] Address LAWAN I, TALISAY CITY, CEBU  
Name in Print LIZA OBESO Date OCTOBER 10, 2003  
Relationship to the child MOTHER

21. PREPARED BY  
Signature [Signature]  
Name in Print VIVIAN V. MACHACOR  
Title or Position CLERK  
Date OCTOBER 10, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL  
Signature [Signature]  
Name in Print ATTY. EYANGELINE BRATAO  
Title or Position CHIEF CIVIL REGISTRAR  
Date 2003 OCT 10

REMARKS/ANNOTATION

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[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

