

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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, 6b and 19a.)

Province <u>CEBU</u>		Registry No. <u>20053131</u>	
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) <u>FRANSUA</u> (Middle) <u>ESBRA</u> (Last) <u>LIBRON</u>			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19 JANUARY 2005</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUBR. CENTER & MATERNITY HOUSE, INC., CEBU CITY</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (five births and total deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,140</u> grams	
5. MAIDEN NAME (First) (Middle) (Last) <u>DONNA LASTIMODO ESBRA</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>23</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CABANTAN ST., BO. LUZ CEBU CITY CEBU</u>			
13. NAME (First) (Middle) (Last) <u>DIODADO BALILIN LIBRON</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
15. OCCUPATION <u>WAITER</u>		17. Age at the time of this birth: <u>22</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:48</u> o'clock <u>AM</u> on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>GABYDAR BENSUGO, M.D.</u> Title or Position <u>PHYSICIAN</u>		Date <u>JANUARY 19, 2005</u> <u>CEBU PUBR. CENTER & MATERNITY HOUSE, INC., CEBU CITY</u>	
Signature <u>[Signature]</u> Name in Print <u>DONNA ESBRA</u> Relationship to the child <u>MOTHER</u>		Date <u>JANUARY 19, 2005</u> <u>CABANTAN ST., BO. LUZ CEBU CITY CEBU</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIYELA O. HERNANDEZ</u> Title or Position <u>C.P.S.E.</u> Date <u>JANUARY 19, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>OSCAR B. MORA</u> Title or Position <u>Registration Officer I</u> Date <u>2005 JAN 26</u>	

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



BReN
02217-B05AK0K-5
Documentary
Stamp Tax Paid

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

