



(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, 5b and 19a.)

Province CEBU Registration No. 2000 22574
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
JBA MARIE ABACTA

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
6 AUGUST 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU CITY MEDICAL CENTER, 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) 2ND (first, second, third, etc.)
d. WEIGHT AT BIRTH 3430 grams

6. MAIDEN NAME (First) (Middle) (Last)
HILAGROS MARANO ABACTA

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 POLISHER 11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
STO CARLOSAN, TANAWA, 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 1 Physician 2 Nurse 3 Midwife
 4 Midwife (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 4:22 o'clock
am/pm on the date stated above.

Signature [Signature] Address N. BACALSO AVENUE,
Name in Print EVONIA M. FLORIS CEBU CITY
Title or Position M.D. Date AUGUST 6, 2000

20. INFORMANT
Signature [Signature] Address STO CARLOSAN, TANAWA,
Name in Print HILAGROS ABACTA CEBU CITY
Relationship to the child MOTHER Date AUGUST 6, 2000

21. PREPARED BY
Signature [Signature]
Name in Print JUSTINA D. OYANIO
Title or Position D.R. NURSE
Date AUGUST 6, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ACHES D. DENAFO
Title or Position CLERK I
Date AUG 31 2000

For OCRG USE ONLY:
A. Population Reference No.
2217-60026478

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 00022574

48 1

49 50 66052609

56 22178

61 1

62 02 64 3450

68 1 69 1

70 07 72 07 74 07

76 909 78 34

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93 2 **000124**

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