



(Copy for OCRG)

Municipal Form No. 102 (To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Revised January 1993 THE CIVIL REGISTRAR GENERAL Office of the Civil Registrar General Republic of the Philippines <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter.) Place X before the appropriate answer in items 2, 5a, 5b and 19a.		
Province: <u>Cebu</u>	Registry No. <u>2003 - 1951</u>	
City/Municipality: <u>Mandaue City</u>		
1. NAME (First, Middle, Last) <u>John Steven Bodit</u>		
2. SEX: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	3. DATE OF BIRTH (day, month, year) <u>01 April 2003</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Purok Mangga, Ibabao, Mandaue City</u>		
5. TYPE OF BIRTH: a. Single <input checked="" type="checkbox"/> b. IF MULTIPLE BIRTH, CHILD WAS: 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		<u>00301951</u>
6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>	d. WEIGHT AT BIRTH <u>3402</u> grams	
7. NAME (First, Middle, Last) <u>Elen Ytang Bodit</u>		<u>010423</u>
8. CITIZENSHIP: <u>Filipino</u>	8. RELIGION: <u>Roman Catholic</u>	
9a. Total number of children born to mother: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	<u>221</u>
c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION: <u>Housewife</u>	11. Age at the time of this birth: <u>20</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Purok Mangga, Ibabao, Mandaue City</u>		<u>010423</u>
13. NAME (First, Middle, Last)		
14. CITIZENSHIP	15. RELIGION	
16. OCCUPATION	17. Age at the time of this birth: _____ years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)		<u>01 01 06</u>
19a. ATTENDANT: a. Nurse <input checked="" type="checkbox"/> b. Midwife <input type="checkbox"/> c. Traditional Midwife <input type="checkbox"/> d. Others (Specify) _____		<u>20</u>
19b. IDENTIFICATION OF BIRTH: (Indicate the date, time, and place of the child's birth) I hereby certify that I attended the birth of the child who was born alive at _____ o'clock on _____ day of _____, _____ at _____, _____, _____		
Signature: <u>Registered Midwife</u> Address: <u>Purok Mangga, Ibabao, Mandaue City</u>		
Date: <u>April 01, 2003</u>		
20. INFORMANT: Name in Print: <u>Other</u> Address: <u>Purok Mangga, Ibabao, Mandaue City</u>		
Date: <u>April 01, 2003</u>		<u>777 777</u>
21. PREPARED BY: Name in Print: <u>Registered Midwife</u> Address: _____ Date: <u>April 01, 2003</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: _____ Name in Print: _____ Title or Position: _____ Date: _____		<u>7</u>

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Lisa Grace S. Bersales

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LISA GRACE S. BERSALES, Ph.D.



National Statistician and Civil Registrar General  
Philippine Statistics Authority

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