(Data for OCRS)

Official Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

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 5, 7a, 7b, and 9a.)

Province: CEBU
City/Municipality: LAPU-LAPU CITY
Registry No. 2493 - 048 2

REMARKS/ANNOTATION

For OCRS USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) JOVETH (Middle) LARGO (Last) INGO
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH (Day) 22 (Month) April (Year) 1993
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) Lapu-Lapu City District Hospital (City/Municipality) (Province) Cebu
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others (Specify)
6. BIRTH ORDER (Give twins and triplets the order they were delivered) 1st
7. WEIGHT AT BIRTH: 2,300 grams

MOTHER

8. MAIDEN NAME (First) MARIA (Middle) PANTILIMAN (Last) LARGO
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 4
9b. No. of children still living including this birth: 4
9c. No. of children now living plus those that were born dead: ___
10. OCCUPATION: Productive worker
11. Age at the time of marriage: 21 years
12. RESIDENCE (House No., Street, Barangay) Cabjolan, (City/Municipality) Lapu-Lapu City (Province) Cebu

FATHER

13. NAME (First) SATURNINO (Middle) BOOT (Last) INGO
14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic
16. OCCUPATION: None
17. Age at the time of marriage: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 28, 1990 - OUR LADY OF MOUNT CARMEL PARISH, Don Andres Soriano

19a. ATTENDANT: ___ 1 Physician ___ 2 Other (Traditional Midwife) X 3 Nurse ___ 4 Others (Specify) ___ 5 Midwife — Toledo City

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:05 P.M. (Time) and that on the date stated above.
Signature: [signature]
Name in Print: PERFLORINA F. NUNTON, M.D.
Title of Position: Medical Officer IV
Address: Lapu-Lapu City District Hospital, Lapu-Lapu City
Date: April 22, 1993

20. INFORMANT
Signature: [signature]
Name in Print: MARIA ELISA INGO
Relationship to the child: Mother
Address: Cabjolan, Lapu-Lapu City
Date: April 22, 1993

21. PREPARED BY
Signature: [signature]
Name in Print: ERNESTINE R. ACHIRO
Title of Position: Nurse II
Date: April 22, 1993

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ELISA P. [illegible]
Title of Position: City Civil Registrar
Date: April 26, 1993

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BEST POSSIBLE IMAGE

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Documentary Stamp Tax Paid

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

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