



MUNICIPAL FORM NO. 102 - (Revised Dec. 1, 1988)

(TO BE ACCOMPLISHED IN DUPLICATION)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Cebu (a) Civil Registrar-General No. _____
City or Municipality: Asturias (b) Local Civil Registrar No. 994/L-83

1. PLACE OF BIRTH a. Province <u>Cebu</u>	2. USUAL RESIDENCE OF MOTHER (Where born mother born) a. Province <u>Cebu</u>
b. City or Municipality <u>Asturias</u>	b. City or Municipality <u>Asturias</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	3. NUMBER AND STREET <u>Bo. Mangub</u>
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	5. RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or print) First <u>Ans. Marie</u> Middle <u>Basulan</u> Last <u>Jupiter</u>	6. DATE OF BIRTH Month <u>Dec.</u> Day <u>7</u> Year <u>1983</u>
4. SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	5. 1- TW IN OR TRIPLET WAS CHILD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. FATHER'S NAME First <u>Serafin</u> Middle <u>Jupiter</u> Last _____	8. NATIONALITY <u>Phil.</u>	9. RACE <u>Brown</u>
10. BIRTHPLACE <u>Asturias, Cebu</u>	11. USUAL OCCUPATION _____	12. KIND OF BUSINESS OR INDUSTRY _____

13. MOTHER'S NAME First <u>Angelina</u> Middle <u>Basulan</u> Last _____	14. AGE (At time of this birth) Year <u>32</u>	15. BIRTHPLACE <u>Asturias, Cebu</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>5</u>
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17. INFORMANT'S SIGNATURE: a. NAME IN PRINT: <u>Serafin Jupiter</u> b. ADDRESS _____	18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) <u>Mangub, Asturias, Cebu</u>
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19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.	20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: a. SIGNATURE: <u>GARMEN M. RALLUS</u> b. NAME IN PRINT: <u>GARMEN M. RALLUS</u> c. TITLE OR POSITION: <u>ASST. MUNICIPAL TREASURER</u> d. DATE: <u>12/27/83</u>
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21. LENGTH OF PREGNANCY COMPLETED WEEKS _____	22. WEIGHT AT BIRTH No _____ Oz _____	23. LEGITIMATE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) Date: <u>July 12, 1970</u> City or Municipality: <u>Asturias</u> Province: <u>Cebu</u>	25. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: <u>BRINDA G. AUSTIN</u> NAME IN PRINT: <u>BRINDA G. AUSTIN</u> TITLE OR POSITION: _____ DATE: <u>12/27/83</u>
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10-289 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)



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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

