



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Copy for OCRG

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 Register No. 99-02957
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
BRENT JOSEPH AGUDO REYES

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
30 JANUARY 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/institution/ (City/Municipality) (Province)
House No., Street, Barangay)
BUENA HILLS GUADALUPE 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)
FOURTH (first, second, third, etc.)
d. WEIGHT AT BIRTH
2722 grams

6. MAIDEN NAME (First) (Middle) (Last)
MYROGYN CANO AGUDO

7. CITIZENSHIP FILIPINO 8. RELIGION R.O.

9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BUENA HILLS GUADALUPE CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
ANTONIO CABALLEROS REYES

14. CITIZENSHIP FILIPINO 15. RELIGION R.O.

15. OCCUPATION Driver 17. Age at the time of this birth: 37 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JULY 23, 1994 - GUADALUPE PARISH - CEBU CITY

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (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 6:30 o'clock am/pm on the date stated above.

Signature [Signature] Address BUENA HILLS GUADALUPE CEBU CITY
Name in Print LINDA G. FLORES Date 1-30-99
Title or Position R.M.

20. INFORMANT
Signature [Signature] Address BUENA HILLS GUADALUPE CEBU CITY
Name in Print ANTONIO O. REYES Date 1-30-99
Relationship to the child mother

21. PREPARED BY
Signature [Signature]
Name in Print LINDA G. FLORES
Title or Position R.M.
Date 1-30-99

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print LOVELL N. DELA CRUZ
Title or Position REGISTRATION OFFICER
Date FEB 17 1999

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9902957

48 1

49 1 50 300193

56 00000

61 1

62 1 64 00000

68 1 69 1

70 1 72 1 74 00

76 1 79 0

81 22178

86 1 87 1

88 1 91 0012

93 1 07/23/94
22178

94 1 02/17/99

04647-75-400ADT-01019-BI012

BEST POSSIBLE IMAGE



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BReN
02217-A99AW12-3

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICIA
Administrator and Civil Registrar General
National Statistics Office