(Copy for OCRG)

Municipal 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 2, 5a, 5b and 19a.)

Province: Cebu
City/Municipality: Pinamungajan
Registry No. 99-52

REMARKS/ANNOTATION

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS JOVEL S. BELEGAÑO AND GENARA N. ENARIO ON MARCH 29, 2003 AT LAPU-LAPU CITY, CEBU UNDER REGISTRY NUMBER 2003-49. THE CHILD SHALL BE KNOWN AS: JESUS ENARIO BELEGAÑO

MS. EDITHA R. ORCILLA
Chief, Document Management Division

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For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9900052
48: 1
49: 1
50: 251298
56: 220976
61: 1
62: 01
64: 3175
66: 1
69: 1
70: 01
72: 01
74: 00
76: 320
78: 20
81: 220376
86:
87:
88:
91:
93: 2
94: 4

0660

CHILD

1. NAME: (First) Jesus (Middle) Nieves (Last) Enario

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 25 December 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): Sambagon, Pinamungajan, Cebu

5a. TYPE OF BIRTH: X 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): 1ST (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3175 grams

MOTHER

6. MAIDEN NAME: (First) Genara (Middle) Nieves (Last) Enario

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION: Housewife

11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): Sambagon, Pinamungajan, Cebu

FATHER

13. NAME: (First) N.A. (Middle) (Last)

14. CITIZENSHIP: N.A.

15. RELIGION

16. OCCUPATION: N.A.

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.): N/A

19a. ATTENDANT: ___ 1 Physician ___ 2 Nurse ___ 3 Midwife X 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 9:00 o'clock am/pm on the date stated above.

Signature: [illegible]
Name in Print: Perpetua [illegible]
Title or Position: TBA
Address: Sambagon, Pinamungajan, Cebu
Date: 12-25-99

20. INFORMANT

Signature: [illegible]
Name in Print: [illegible]
Relationship to the child: father
Address: Sambagon, Pinamungajan, Cebu
Date: 1-14-99

21. PREPARED BY

Signature: [illegible]
Name in Print: [illegible]
Title or Position: [illegible]
Date: 1-14-99

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [illegible]
Name in Print:
Title or Position:
Date: 1-15-99

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BEST POSSIBLE IMAGE

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VN000398325

BReN
02237-A98YR06-4

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National Statistician and Civil Registrar General
Philippine Statistics Authority