



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 at items 2, 5a, 5b and 18c.)

REMARKS/ANNOTATION

Province Cebu City/Municipality Cebu City Registry No 2001 32127

1. NAME (First) (Middle) (Last) JAMES NIÑO KISALAN SORON

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year) 17 November 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) Cebu Doctors' Hospital Cebu City 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 total deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH 3,119 grams

6. MAIDEN NAME (First) (Middle) (Last) Jeaneeth Maglinio Misolero

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

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: 00

10. OCCUPATION Salesclerk 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Talamban Cebu City Cebu

13. NAME (First) (Middle) (Last) Jeannette Tapanan Suson

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Driver 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) June 8, 2001- St. James the Apostle, Cateel, Davao Oriental

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Midot (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 6:26 A.M. o'clock am/pm on the date stated above.

Signature: [Signature] Address: Cebu Doctors' Hospital, Cebu City Title or Position: Attending Physician Date: November 17, 2001

20. INFORMANT Signature: [Signature] Address: Talamban, Cebu City Name in Print: Jeannette T. Suson Relationship to the child: Father Date: November 17, 2001

21. PREPARED BY Signature: [Signature] Name in Print: Marita M. Rebaldo Title or Position: Med. Rm. Clerk Date: November 17, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: Title or Position: Date:

Per QCNG USE ONLY Population Reference No. 92 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

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BEST POSSIBLE IMAGE



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Carmelita N. ERICTA

Administrator and Civil Registrar General National Statistics Office