



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Page 1 of 1

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.)

REMARKS/ANNOTATION  
**PLAYED PERISTE**

Province Cebu Registry No. 20042671  
City/Municipality Cebu

1. NAME (First) CITY (Middle) (Last) MAKONG MAY  
2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year) 12 August 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) 313-C Sikatuna St., Cebu City

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) First (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3175 grams

6. MAIDEN NAME (First) (Middle) (Last) ANIGILA CAMINGAAN MIAMONG  
7. CITIZENSHIP American B. 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: 0  
10. OCCUPATION Commissary Reger 11. Age at the time of this birth: 42 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
7th Division LN Santa Rita, Cebu 36915

13. NAME (First) (Middle) (Last) DAVID CHARLES MAX  
14. CITIZENSHIP American 15. RELIGION United Church of Christ  
16. OCCUPATION US Military 17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
27 January 1995; Honolulu, Hawaii

19a. ATTENDANT     1 Physician     2 Nurse     3 Midwife X  
    4 Healer (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 9:45 AM o'clock am/pm on the date stated above.

Signature [Signature] Address Isagub, Asturias, Cebu  
Name in Print JULIANA L. MOBIT Date 11 November 2003  
Title or Position Reg. Midwife

20. INFORMANT  
Signature [Signature] Address 7th Division LN Santa Rita Guam 96915  
Name in Print ANIGILA M. MAY Date 11 November 2003  
Relationship to the child Mother

21. PREPARED BY  
Signature [Signature]  
Name in Print JULIANA L. MOBIT  
Title or Position Reg. Midwife  
Date 11 November 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print [Name]  
Title or Position [Title]  
Date 11/22/03

FOR OCRG USE ONLY: Population Reference No.      
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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[Signature]  
CLAIRE DENNIS S. MAPA, P  
National Statistician and Civil Registrar  
Philippine Statistics Authority

