

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

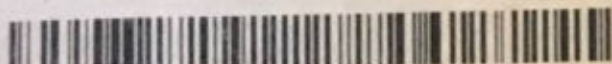
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		City/Municipality <u>CEBU CITY</u>		Registry No. <u>2001-31797</u>	For OCRG USE ONLY: Population Reference No. _____ TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
1. NAME (First) (Middle) (Last) <u>JUDY</u> <u>BATADOG</u> <u>ALESNA</u>		3. DATE OF BIRTH (day) (month) (year) <u>21</u> <u>October</u> <u>2001</u>				
2. SEX <u>X</u> 1 Male <u> </u> 2 Female		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Sn. Roque, Mambaling, Cebu City</u> <u>Cebu</u>				
5a. TYPE OF BIRTH <u>X</u> 1. Single <u> </u> 2. Twin <u> </u> 3. Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1. First <u> </u> 2. Second <u> </u> 3. Others, Specify _____				
6. BIRTH ORDER (five births and fetal deaths including this delivery) <u>5th</u> (first, second, third, etc.)		7. WEIGHT AT BIRTH <u>3572</u> grams				
8. MAIDEN NAME (First) (Middle) (Last) <u>ESTRELLA</u> <u>VERGARA</u> <u>BATADOG</u>		9. CITIZENSHIP <u>Filipino</u>				
10. RELIGION <u>Roman Catholic</u>		11. Total number of children born alive: <u>5</u>				
12. No. of children still living including this birth: <u>5</u>		13. No. of children born alive but are now dead: <u>0</u>				
14. OCCUPATION <u>Housewife</u>		15. Age at the time of this birth: <u>36</u> years				
16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Sn. Roque, Mambaling, Cebu City</u> <u>Cebu</u>		17. NAME (First) (Middle) (Last) <u>ABRAHAM</u> <u>ALEGARSES</u> <u>ALESNA JR.</u>				
18. CITIZENSHIP <u>Filipino</u>		19. RELIGION <u>Roman Catholic</u>				
20. OCCUPATION <u>Carpenter</u>		21. Age at the time of this birth: <u>39</u> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 11, 1983 - Kanlaon Parish Church, Negros Oriental</u>						
19a. ATTENDANT <u> </u> 1. Physician <u> </u> 2. Nurse <u> </u> 3. Midwife <u> </u> 4. Hilot (Traditional Midwife) <u> </u> 5. Others (Specify) _____						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:35 AM</u> o'clock am/pm on the date stated above.						
Signature <u>[Signature]</u> Name in Print <u>SUSANA A. CATARATA</u> Title or Position <u>PHM III</u>		Address <u>c/o Mambaling H. Center</u> <u>Mambaling, Cebu City</u> Date <u>October 23, 1983</u>				
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ESTRELLA B. ALESNA</u> Relationship to the child <u>Mother</u> Address <u>Sn. Roque, Mambaling</u> <u>Cebu City</u> Date <u>October 23, 2001</u>						
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>SUSANA A. CATARATA</u> Title or Position <u>PHM III</u> Date <u>October 23, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>QUELLA N. DE J.</u> Title or Position <u>CHIEF OF DIVISION</u> Date <u>10/23/2001</u>			000286	

05262-12-400ADT-01111-BI001

BEST POSSIBLE IMAGE



T400052624000111105292014001

BRen

02217-801UM01-9

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority