(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: CEBU CITY
Registry No.: 2002 15137

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) KIANNA (Middle) RIELLE (Last) MAGPATOC BACORDO

2. SEX ___ 1 Male X 2 Female

3. DATE OF BIRTH (day) 08 (month) MAY (year) 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) PERPETUAL SUCCOUR HOSPITAL (City/Municipality) CEBU CITY (Province) 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) FIRST (first, second, third, etc.)

d. WEIGHT AT BIRTH 2240 grams

MOTHER

6. MAIDEN NAME (First) MYRALUNA (Middle) DIOLA (Last) MAGPATOC

7. CITIZENSHIP FILIPINO

8. RELIGION 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 SHIPPING DOCUMENTATION

11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) 849 PANAGDAIT HOME SUBD. (City/Municipality) MABOLO, CEBU CITY (Province)

FATHER

13. NAME (First) MERLOU (Middle) CALOS (Last) BACORDO

14. CITIZENSHIP FILIPINO

15. RELIGION CATHOLIC

16. OCCUPATION IMPEX SUPERVISOR

17. Age at the time of this birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
DECEMBER 15,2001 - MABOLO PARISH CHURCH CEBU CITY

19a. ATTENDANT
X 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 12:35 am o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: CLARITA ALCANTARA, M.D.
Title or Position: ATTENDING PHYSICIAN
Address: CEBU POLYCLINIC CENTER CEBU CITY
Date: MAY 09,2002

20. INFORMANT
Signature: [signature]
Name in Print: MERLOU C. BACORDO
Relationship to the child: FATHER
Address: 849 PANAGDAIT HOME SUBD. MABOLO, CEBU CITY
Date: MAY 09,2002

21. PREPARED BY
Signature: [signature]
Name in Print: NELISA A. LIBOSADA
Title or Position: MEDICAL RECORD CLERK
Date: MAY 09,2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: LOURDILLA N. DEJITO
Title or Position: REGISTRATION OFFICER I
Date: MAY 31 2002

41 | 48 | 49 | 50 | 56 | 61 | 62 | 64 | 68 | 69 | 70 | 72 | 74 | 78 | 79 | 1376 | 81 | 86 | 87 | ~~147~~ | 90 | 91 | ~~108~~ | 93 | 1215-2001 | 94 | 22174 | 6-3-1 2002

07075-B5-400LBL-00319-BI002

BEST POSSIBLE IMAGE

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IN300915506

BReN
02217-B02K81E-6

Documentary
Stamp Tax Paid

JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)