



(Copy for DCRG)

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 10a.)

Province CEBU Registry No. 7001-3804
City/Municipality MANDAUE

| | | | |
|--|---|---|---|
| CHILD | 1. NAME (First Middle Last) <u>REYLAN UMBEL</u> | REMARKS/ANNOTATION | |
| | 2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female | | 3. DATE OF BIRTH (day month year) <u>11 AUGUST 2002</u> |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>S. TABAY, LABOGON, MANDAUE CITY</u> | | 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. |
| | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify | | 5b. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u> |
| MOTHER | 6. MAIDEN NAME (First Middle Last) <u>SHERYL SAPIO UMBEL</u> | 41 <u>BOYD3814</u> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <u>110802</u> 54 <u>22301</u> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 64 <u>110802</u> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 <input type="checkbox"/> 78 <u>220</u> 79 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 016 89 <input type="checkbox"/> 91 <input type="checkbox"/> 99 <input type="checkbox"/> 01 | |
| | 7. CITIZENSHIP <u>FILIPINO</u> | | 8. RELIGION <u>R.O</u> |
| | 9a. Total number of children born alive: <u>2</u> | | b. No. of children still living including this birth: <u>1</u> |
| | c. No. of children born alive but are now dead: <u>0</u> | | 10. OCCUPATION <u>HOUSEKEEPER</u> |
| 11. Age at the time of this birth: <u>19</u> years | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>S. TABAY, LABOGON, MANDAUE CITY</u> | | |
| FATHER | 13. NAME (First Middle Last) | | |
| | 14. CITIZENSHIP | 15. RELIGION | |
| | 16. OCCUPATION | 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.) | | | |
| 19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) | | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:45 A.M.</u> o'clock am/pm on the date stated above. | | | |
| Signature <u>[Signature]</u> Name in Print <u>RICHIE R. IONALTO</u> Title or Position <u>BHM</u> Address <u>LABOGON, MANDAUE CITY</u> Date <u>AUGUST 11, 2002</u> | | | |
| 20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>SHERYL UMBEL</u> Relationship to the child <u>MOTHER</u> Address <u>S. TABAY, LABOGON, MANDAUE CITY</u> Date <u>AUGUST 11, 2002</u> | | | |
| 21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>RICHIE R. IONALTO</u> Title or Position <u>BHM</u> Date <u>AUGUST 11, 2002</u> | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>FLAVIANA C. BASILIO</u> Title or Position <u>City Civil Registrar</u> Date <u>SEP 06 2002</u> | |

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Carmelita N. ERICTA
Administrator and Civil Registrar General
National Statistics Office