

Multiple Form No. 102 (Revised January 1983) (no longer completed in quadruplicate)
 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 Please fill out completely, accurately and legibly; Use Ink or Opaculet. Place X before the appropriate answer in items 2, 4a-c and 19a-d.

Province: **CEBU** City/Municipality: **OGON CITY** Registrar No.: **2000 24735**

1. NAME (First) **JASMINE** (Middle) **JEMEL** (Last) **LARADOR**

2. SEX Male Female

3. DATE OF BIRTH (Month) **09** (Day) **19** (Year) **2000**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **OGON CITY** (City/Municipality) **CEBU** (Province)

5a. TYPE OF BIRTH Single Twin Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS First Second Other, Specify

6. BIRTH ORDER (Five births and total deaths including this delivery) **3rd**

7. WEIGHT AT BIRTH (In grams) **3300**

6. MAIDEN NAME (First) **MA. TERESA** (Middle) **AYSON** (Last) **LAJARDO**

7. CITIZENSHIP **FIL.** **8. RELIGION** **R.O.**

9a. Total number of children alive: **2** **b. No. of children still living including this birth:** **2** **c. No. of children born alive but are now dead:** **0**

10. OCCUPATION **HOUSEWIFE** **11. Age at the time of this birth:** **26** years

12. RESIDENCE (House No., Street, Barangay) **93 R.O. PADILLA ST. OGON CITY** (City/Municipality) **CEBU** (Province)

13. NAME (First) **MANUEL** (Middle) **CAJAYAN** (Last) **LARADOR**

14. CITIZENSHIP **FIL.** **15. RELIGION** **R.O.**

16. OCCUPATION **GOVT. EMPLOYEE** **17. Age at the time of this birth:** **38** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) **JANUARY 20, 1999** **OGON CITY, CEBU**

19a. ATTENDANT 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 **7:45 P.M.** o'clock **am/pm** on the date stated above.

Signature: **MANGALITA S. NUNAO** Address: **93 R.O. PADILLA AVENUE, OGON CITY, CEBU**
 Name in Print: **M.S. NUNAO** Date: **SEPTEMBER 19, 2000**
 Title or Position: _____

20. INFORMANT
 Signature: **MANUEL O. LARADOR** Address: **93 R.O. PADILLA ST. OGON CITY, CEBU**
 Name in Print: **M.O. LARADOR** Date: **SEPTEMBER 19, 2000**
 Relationship to the child: **FATHER**

21. PREPARED BY
 Signature: **MARICORINA S. LAURON**
 Name in Print: **M.S. LAURON**
 Title or Position: _____
 Date: **SEPTEMBER 19, 2000**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature: **AGNES C. DENAÑO**
 Name in Print: **A.C. DENAÑO**
 Title or Position: **CLERK**
 Date: **SEP 21 2000**

REMARKS/ANNOTATION

For OCRG USE ONLY:
 Population Reference No. **2219-B00TK08-9**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 **80024735**

48

49 **2** **50** **19092000**

58 **22178**

61

62 **03** **64** **3100**

65 **69**

70 **03** **72** **03** **74** **00**

78 **220** **79** **26**

81 **22178**

86 **87**

88 **X20** **91** **38**

93 **000185**

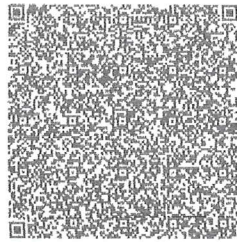
94 **3**

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BEST POSSIBLE IMAGE



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CSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

