



(Copy for OCRG)

Municipality Form No. 102 Revised January 1993		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (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>		Registry No. <u>2004 25733</u>			
City/Municipality <u>CEBU CITY</u>				For OCRG USE ONLY: Population Reference No.	
CHILD IDENTIFICATION	1. NAME (First) (Middle) (Last) <u>CHRISTIAN</u> <u>ABA-A</u> <u>PIDLACAN</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) <u>21</u> <u>AUGUST</u> <u>2004</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC. CEBU CITY CEBU</u>		41		
	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		48
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,300</u> grams		49 50
	5. MAIDEN NAME (First) (Middle) (Last) <u>LEA</u> <u>TATAD</u> <u>ABA-A</u>		56		
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		61
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		62 64
	9c. No. of children born alive but are now dead: <u>0</u>		10. OCCUPATION <u>HOUSEWIFE</u>		68 69
	11. Age at the time of this birth: <u>27</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MATUMBO, PUSOK LAPU-LAPU CITY CEBU</u>		70 72 74
FATHER	13. NAME (First) (Middle) (Last) <u>ERMO</u> <u>MONTELLANO</u> <u>PIDLACAN</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
	14. CITIZENSHIP <u>FIL.</u>		16. OCCUPATION <u>PRODUCTION ASSOCIATE</u>		76 79
	17. Age at the time of this birth: <u>27</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 28, 2001 LAPU-LAPU CITY</u>		84
	19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input 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>6:00</u> o'clock a.m./p.m. on the date stated above.		
Signature _____ Name in Print <u>WILMA M. LASTRIMOSA, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>AUGUST 21, 2004</u>		86 87	
20. INFORMANT Signature _____ Name in Print <u>LEA A. PIDLACAN</u> Relationship to the Child <u>MOTHER</u>		Address <u>MATUMBO, PUSOK LAPU-LAPU CITY, CEBU</u> Date <u>AUGUST 21, 2004</u>		88 91	
21. PREPARED BY Signature _____ Name in Print <u>MARIANILLA C. HERNANDEZ</u> Title or Position <u>CLERK</u> Date <u>AUGUST 21, 2004</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>OSCAR B. MOLA</u> Title or Position <u>Registration Officer IV</u> Date _____			

2004 AUG 31

05861-40-003JBA-05260-BI002

BEST POSSIBLE IMAGE



T003058610030526001182016002  
BK800139127

BReN  
02217-B04QMOK-0

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

