



(Copy for DCRS)

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>		Registry No. 2005 34020		PHILIPPINE STATISTICS AUTHORITY (Vertical stamp and grid)
City/Municipality <u>CEBU CITY</u>				
1. NAME (First) (Middle) (Last) <u>CARL DANIELLE ABA-A PIDLAOAN</u>				
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) <u>11 NOVEMBER 2005</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUEB. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU</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		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2,580</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>LEA TATAD ABA-A</u>				
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>		
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>28</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MATUMBO, PUSOK LAPU-LAPU CITY CEBU</u>				
13. NAME (First) (Middle) (Last) <u>ERMO MONTELLANO PIDLAOAN</u>				
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>PURIFIED WATER DEALER</u>		17. Age at the time of this birth: <u>28</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>				
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>8:55</u> o'clock <u>am</u> on the date stated above.				
Signature <u>MARIA RESUEL ARNADO, M.D.</u> Name in Print Title or Position <u>PHYSICIAN</u>		<u>CEBU PUEB. CENTER & MATERNITY HOUSE, INC. CEBU CITY</u> Date <u>NOVEMBER 11, 2005</u>		
20. INFORMANT Signature <u>Lea A. Pidlaogan</u> Name in Print <u>LEA A. PIDLAOAN</u> Relationship to the child <u>MOTHER</u> Address <u>MATUMBO, PUSOK LAPU-LAPU CITY CEBU</u> Date <u>NOVEMBER 11, 2005</u>				
21. PREPARED BY Signature <u>Marianilla C. Hernandez</u> Name in Print Title or Position <u>BIRTH RECORD ASSISTANT</u> Date <u>NOVEMBER 11, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>OSCAR B. MOLO</u> Name in Print Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>18 NOV 2005</u>		

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

