

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 <u>CEBU</u>		Registry No. <u>JNT-17</u>	
City/Municipality <u>TABOGON</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>JAMES</u> <u>FERNAN</u> <u>ABING</u>		For OCRG USE ONLY: Population Reference No.  TO BE FILLED BY THE OFFICE OF THE CIVIL REGISTRAR
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) <u>13</u> <u>JANUARY</u> <u>2005</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>BIASONG, CANAO-CANAO, TABOGON, CEBU</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
MOTHER	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		41 48 49 50 56 61 62 64 68 69 70 72 74 76 78 81 86 87 88 91 93 94
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>EIGHT</u>		
	d. WEIGHT AT BIRTH <u>2552</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>VILMA</u> <u>E.</u> <u>FERNAN</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		
FATHER	8. RELIGION <u>CATHOLIC</u>		
	9a. Total number of children born alive: <u>8</u>		
	b. No. of children still living including this birth: <u>8</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>41</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BIASONG, CANAO-CANAO, TABOGON, CEBU</u>			
13. NAME (First) (Middle) (Last) <u>JOSE</u> <u>Q.</u> <u>ABING</u>			
14. CITIZENSHIP <u>FILIPINO</u>			
15. RELIGION <u>CATHOLIC</u>			
16. OCCUPATION <u>FARMER</u>			
17. Age at the time of this birth: <u>43</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 27, 1969</u> <u>TABOGON, CEBU</u>			
19a. ATTENDANT <u>MAY 27, 1969</u> <u>TABOGON, CEBU</u>			
<input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife			
<input checked="" type="checkbox"/> 4 Hilot (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 _____ o'clock am/pm on the date stated above.			
Signature <u>Bebiana U. Toling</u> Name in Print <u>BEBIANA U. TOLING</u> Title or Position <u>HILOT</u>		Address <u>CANAO-CANAO, TABOGON, CEBU</u> Date <u>JANUARY 21, 2005</u>	
20. INFORMANT Signature <u>Marcia Abing</u> Name in Print <u>MARCISA ABING</u> Relationship to the child <u>GRANDMOTHER</u>		Address <u>BIASONG, CANAO-CANAO, TABOGON, CEBU</u> Date <u>JANUARY 21, 2005</u>	
21. PREPARED BY Signature <u>D. Saladaga</u> Name in Print <u>DELLA E. SALADAGA</u> Title or Position <u>CLERK DESIGNATE</u> Date <u>JANUARY 21, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Rodrigo B. Puyot</u> Name in Print <u>RODRIGO B. PUYOT</u> Title or Position <u>MUN. CIVIL REGISTRAR</u> Date <u>JANUARY 21, 2005</u>	