

(Copy for OCRG)



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 CEBU Reg. No. 2006 14910  
City/Municipality CEBU CITY

**1. NAME** (First) (Middle) (Last)  
SHARAH MAY BATOMALIQUE FORTICH

**2. SEX** M 1 Male F 2 Female

**3. DATE OF BIRTH** (day) (month) (year)  
21 MAY 2006

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU PUB. CENTER & MATERNITY HOUSE, INC. CEBU CITY CEBU

**5a. TYPE OF BIRTH** 1 Single 2 Twin 3 Triplet, etc.

**b. IF MULTIPLE BIRTH, CHILD WAS** 1 First 2 Second 3 Others, Specify

**c. BIRTH ORDER** (live births and fetal deaths including this delivery)  
FIRST (first, second, third, etc.)

**d. WEIGHT AT BIRTH** 3,400 grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
WEALTH MENDEZ BATOMALIQUE

**7. CITIZENSHIP** FILIPINO

**8. RELIGION** ROMAN CATHOLIC

**9a. Total number of children born alive:** 1

**b. No. of children still living including this birth:** 1

**c. No. of children born alive but are now dead:** 0

**10. OCCUPATION** HOME

**11. Age at the time of this birth:** 21 years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
TALAMBAN CEBU CITY CEBU

**13. NAME** (First) (Middle) (Last)  
REYNARD BARDISO FORTICH

**14. CITIZENSHIP** FILIPINO

**15. RELIGION** ROMAN CATHOLIC

**16. OCCUPATION** COMPUTER TECHNICIAN

**17. Age at the time of this birth:** 21 years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
NOT MARRIED

**19a. ATTENDANT**  
1 Physician 2 Nurse 3 Midwife  
4 Healer (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 5:04 o'clock am/pm on the date stated above.

Signature [Signature] CEBU PUB. CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Name in Print SANLANY B. BARDISO, M.D.  
Title or Position PHYSICIAN Date MAY 21, 2006

**20. INFORMANT**

Signature [Signature] Address TALAMBAN, CEBU CITY  
Name in Print WEALTH BATOMALIQUE  
Relationship to the child MOTHER Date MAY 21, 2006

**21. PREPARED BY**

Signature [Signature]  
Name in Print MARICRISTINA D. BERNANDEZ  
Title or Position BIRTH-RECORD ASSISTANT  
Date MAY 21, 2006

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**

Signature [Signature]  
Name in Print OSCAR S. MOLO  
Title or Position BIRTH-RECORD ASSISTANT  
Date JUN 1, 2006

For OCRG USE ONLY - Population Reference No.

TO BE FILLED UP BY THE OFFICE OF THE CIVIL REGISTRAR

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