

Multiple Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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, 6 and 11a.)

Province Cebu
City/Municipality Cebu City Registry No. 2002 150

REMARKS/ANNOTATION

CHILD

1. NAME (First) RENE FRANCHETTE (Middle) ALFORQUE (Last) LARAZTE

2. SEX X 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
19 Dec. 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., Street, Barangay) (City/Municipality) (Province)
Cebu Doctors' Hospital Cebu City Cebu

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

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

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 2nd.

d. WEIGHT AT BIRTH 2,750 grams

6. MAIDEN NAME (First) (Middle) (Last)
Ivonne Rape Alforque

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 02 b. No. of children still being included this birth: 02 c. No. of children born alive but are now dead: 00

10. OCCUPATION Public School Teacher 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Coles Naga Cebu

FATHER

13. NAME (First) (Middle) (Last)
Timoteo Alfonso Lazarate, Jr.

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Overseas Worker 17. Age at the time of this birth: 38 years

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 00000000

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

000150

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
March 15, 1997, Naga, Cebu

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
 4 Healer (Traditional Healer) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:20 A.M. o'clock am/pm on the date stated above.

Signature Mafarides Address Cebu Doctors' Hospital
Name in Print MARYVICTORIA L. DEBALBOC, M.D. Cebuena Blvd., Cebu City
Title or Position Attending Physician Date Dec. 19, 2001

20. INFORMANT
Signature Ivonne A. Larazate Address Coles
Name in Print Ivonne A. Larazate Naga, Cebu
Relationship to the child Mother Date Dec. 19, 2001

21. PREPARED BY
Signature [Signature]
Name in Print Don D. Ministerio
Title or Position Medical Records Clerk
Date Dec. 19, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print TEAS
Title or Position TEAS
Date JAN 03 2002

03910-45-400KCM-00157-BI007

BEST POSSIBLE IMAGE



T400039104000015709152010007

MG400086344

BReN
02217-B01ZK1Y-4

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

