

(Copy for OCR)



(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, 6b and 18a.)

Municipal Form No. 102 (Revised January 1993)		697	
Province <u>CEBU</u>		Registry No. <u>2M11-697</u>	
City/Municipality <u>TALISAY</u>			
1. NAME (First) (Middle) (Last) <u>BERIANO J.R.</u> <u>ESTELLORA</u> <u>SALDÑA</u>			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>6 MARCH 2001</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>SIMBAJON MEDICAL CLINIC, TABUNOC, TALISAY 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 (five births and fetal deaths including this delivery) <u>FOURTH</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.100</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>VIVIAN</u> <u>MILLORIA</u> <u>ESTELLORA</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>4</u>	b. No. of children still living including this birth: <u>4</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>26</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>LACTANG, TALISAY, CITY, CEBU</u>			
13. NAME (First) (Middle) (Last) <u>BERIANO</u> <u>MAIMOP</u> <u>SALDÑA</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>PRODUCTION WORKER</u>		17. Age at the time of this birth: <u>30</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MARCH 3, 1996</u> <u>NAPO INABAGA BONDOL</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input 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 <u>8:45</u> am/pm on the date stated above.			
Signature <u>HUSCARLA M. SIMBAJON</u> Name in Print Title or Position <u>PHYSICIAN</u>		Address <u>TABUNOC, TALISAY, CITY, CEBU</u> Date <u>MARCH 2001</u>	
20. INFORMANT Signature <u>Vivian Saldña</u> Name in Print <u>VIVIAN SALDÑA</u> Relationship to the child <u>MOTHER</u>			
Address <u>LACTANG, TALISAY, CITY</u> Date <u>MARCH 2001</u>			
21. PREPARED BY Signature <u>Tiffany Sanchez</u> Name in Print <u>TIFFANY SANCHEZ</u> Title or Position <u>MIDWIFE</u> Date <u>MARCH 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL Signature <u>CRISTINA LOURDES S. CAB</u> Name in Print <u>CRISTINA LOURDES S. CAB</u> Title or Position <u>OFFICE</u> Date <u>MAR 14 2001</u>	

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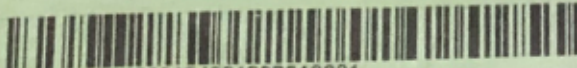
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Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

