

(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 15a.)

Province CEBU Registry No. 2002-1611
City/Municipality CONSOLACION

1. NAME (First) (Middle) (Last)
JAMES DAVLU SEMBLANTE GRAJO

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
11 OCTOBER 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
DR. VERONICA N. ALIVIO'S LYING-IN CLINIC CONSOLACION, 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, second, third, etc.) 4th
d. WEIGHT AT BIRTH 4,000 grams

6. MAIDEN NAME (First) (Middle) (Last)
ROSALIA MALUNJAO SEMBLANTE

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

10. OCCUPATION H.W. 11. Age at the time of this birth: 35 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
POB. ORR, CONSOLACION, CEBU

13. NAME (First) (Middle) (Last)
JIMMY SORBITO GRAJO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION NONE 17. Age at the time of this birth: 38 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
AUGUST 10-1995 AT THE OFFICE OF THE MUN. TRIAL JUDGE CONSOLACION.

19a. ATTENDANT CEBU
 1 Physician 2 Nurse 3 Midwife
 4 Hilot (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 8:25P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address POB, ORR, CONSOLACION, CEBU
Name in Print ESTER TIBON Date OCTOBER 11-2002
Title or Position NURSE

20. INFORMANT
Signature [Signature] Address POB, ORR, CONSOLACION, CEBU
Name in Print ROSAVA GRAJO Date OCTOBER 11-2002
Relationship to the child MOTHER

21. PREPARED BY
Signature [Signature]
Name in Print LOVINCLITA OCTUSME
Title or Position MIDWIFE
Date OCTOBER 16-2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print BENVENTO M. DE LEON
Title or Position LOCAL CIVIL REGISTRAR
Date OCT 16 2002

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 5021611

48 1

49 50 1 111002

56 22194

51 1

62 64 04 4000

68 69 1 1

70 72 74 04 04 00

76 78 220 35

81 22194



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BEST POSSIBLE IMAGE



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

