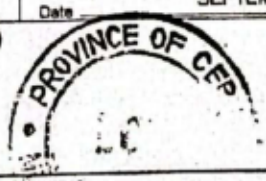


Municipal Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL			
CERTIFICATE OF LIVE BIRTH					(To be accomplished in quadruplicate using black ink)
Provincia <u>CEBU</u>			Registry No. <u>2014-1353</u>		
City/Municipality <u>BARILI</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>JUDYFLOR LAZAGA ALVARADO</u>				
	2. SEX (Male / Female) <u>FEMALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>24 JUNE 2003</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>MAYANA</u>		(City/Municipality) <u>BARILI</u>	(Province) <u>CEBU</u>	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIFTH</u>	6. WEIGHT AT BIRTH <u>3000</u> grams	
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>DINAH NAVARRO LAZAGA</u>				
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		
	10a. Total number of children born alive <u>5</u>	10b. No. of children still living including this birth <u>5</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>HOUSEKEEPER, OWN HOME</u>	12. AGE at the time of the birth (completed years) <u>27</u>
	13. RESIDENCE (House No., St., Barangay) <u>MAYANA</u>		(City/Municipality) <u>BARILI</u>	(Province) <u>CEBU</u>	(Country) <u>PHILIPPINES</u>
FATHER	14. NAME (First) (Middle) (Last) <u>MAXIMO BUANGJUG ALVARADO</u>				
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		17. OCCUPATION <u>SEAMAN</u>
	18. RESIDENCE (House No., St., Barangay) <u>MAYANA</u>		(City/Municipality) <u>BARILI</u>	(Province) <u>CEBU</u>	(Country) <u>PHILIPPINES</u>
	19. RESIDENCE (House No., St., Barangay) <u>MAYANA</u>		(City/Municipality) <u>BARILI</u>	(Province) <u>CEBU</u>	(Country) <u>PHILIPPINES</u>
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)					
20a. DATE (Month) (Day) (Year) <u>JULY 9, 1997</u>			20b. PLACE (City / Municipality) (Province) (Country) <u>CEBU CITY CEBU PHILIPPINES</u>		
21a. ATTENDANT ___ 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 <input checked="" type="checkbox"/> Hilot (Traditional Birth Attendant) ___ 5 Others (Specify) _____					
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above.					
Signature _____ Name in Print <u>REBECCA PETILLUNA</u> Title or Position <u>HILOT</u>			Address <u>MAYANA, BARILI, CEBU</u> Date _____		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print <u>DINAH ALVARADO</u> Relationship to the Child <u>MOTHER</u> Address <u>MAYANA, BARILI, CEBU</u> Date <u>SEPTEMBER 15, 2014</u>			23. PREPARED BY Signature _____ Name in Print <u>LANIE A. BAYNO</u> Title or Position <u>CLERK</u> Date <u>SEPTEMBER 15, 2014</u>		
24. RECEIVED BY Signature _____ Name in Print <u>LANIE A. BAYNO</u> Title or Position <u>CLERK</u> Date <u>SEPTEMBER 15, 2014</u>			25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>FILOMENA C. LOPEZ</u> Title or Position <u>LOCAL CIVIL REGISTRAR</u> Date <u>SEPTEMBER 24, 2014</u>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <u>DELAYED REGISTRATION.</u>					
					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority


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