



Copy for CSRS

Municipal Form No. 102 (Revised January 1992)		(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, 3a, 10 and 11a.				
Province <u>CEBU</u> City/Municipality <u>TALISAY</u>		2003-1506		
1. NAME (First Middle Last) <u>DIAN NICOLE ALINDAJAO ESPANO</u>		For CSRS USE ONLY: Population Reference No.		
2. SEX <u>1 Male</u> <input type="checkbox"/> <u>2 Female</u> <input checked="" type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>10 MAY 2003</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>RAJON MEDICAL CLINIC, TABUNOG, TALISAY, CITY, CEBU</u>		For CSRS USE ONLY:		
5a. TYPE OF BIRTH <u>1 Single</u> <input checked="" type="checkbox"/> <u>2 Twin</u> <input type="checkbox"/> <u>3 Triplet, etc.</u> <input type="checkbox"/>		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <input type="checkbox"/> <u>2 Second</u> <input type="checkbox"/> <u>3 Other, Specify</u>		2030150
6. BIRTH ORDER (Give birth and total deaths including this delivery) <u>FOURTH</u> (first, second, third, etc.)		6. WEIGHT AT BIRTH <u>3,200</u> grams		7
7. MAIDEN NAME (First) (Middle) (Last) <u>GINA TIDOT ALINDAJAO</u>		For CSRS USE ONLY:		2-160503
8. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		2030150
9a. Total number of children born alive <u>4</u>		9b. No. of children still living (including this birth) <u>4</u>		2030150
9c. 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>34</u> years
12. RESIDENCE (House no., Street, Barangay) (City/Municipality) (Province) <u>TUPAS J-M BASA BKT. D.C.</u>		For CSRS USE ONLY:		010 32-5
13. NAME (First) (Middle) (Last) <u>ELSON GIMNES ESPANO</u>		14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>SUBBESONAN</u>		17. Age at the time of this birth: <u>34</u> years		16-04-01
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, acceptance without acknowledgment/admission of Paternity at the back.) <u>DEC. 28, 1996 SAN NICOLAS CEBU CITY</u>				
19a. ATTENDANT <u>1 Physician</u> <input checked="" type="checkbox"/> <u>2 Nurse</u> <input type="checkbox"/> <u>3 Midwife</u> <input type="checkbox"/> <u>4 Healer (Traditional Medicine)</u> <input type="checkbox"/> <u>5 Other (Specify)</u>				
19b. CERTIFICATION OF BIRTH (Health Facility that attended the birth of the child who was born alive at <u>12:01</u> hrs on the date stated above.)				
Signature <u>ROSAHLA N. SIMBAYON</u> Address <u>TABUNOG, TALISAY, CITY.</u> Title or Position <u>PHYSICIAN</u> Date <u>MAY 26, 2003</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>TUPAS J-M BASA BKT. D.C.</u> Name in Print <u>ELSON ESPANO</u> Date <u>MAY 26, 2003</u> Relationship to the child <u>FATHER</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>STEPHAN E. SANCHEZ</u> Title or Position <u>MIDWIFE</u> Date <u>MAY 28, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ATTY. CLARE D. MAPA</u> Title or Position <u>CHIEF CIVIL REGISTRAR</u> Date <u>MAY 28 2003</u>		

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CSRS

CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

