



Municipal Form No. 102
(Revised January 1993)

(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 19a.)

Province Cebu Registry No. 28638

City/Municipality Cebu City

CHILD	1. NAME (First) (Middle) (Last) <u>JEDE ANN ORBISO BACATAN</u>			REMARKS/ANNOTATION
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>27 October 1998</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>St. Anthony Mother & Child Hospital, Besak, San Nicolas, Cebu City</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>X</u> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify			
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>4th</u>		d. WEIGHT AT BIRTH <u>2650</u> grams	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	6. MAIDEN NAME (First) (Middle) (Last) <u>JOSEPHINE MERI ORBISO</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>RC</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>25</u> years		41 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
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bulacao, Pardo, Cebu City</u>				
13. NAME (First) (Middle) (Last) <u>EDGARDO BARTOLO BACATAN</u>				
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>RC</u>		
16. OCCUPATION <u>Laborer</u>		17. Age at the time of this birth: <u>35</u> years		95 96 97 98
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>July 17, 1995 - Medellin, Cebu</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 Hilos (Traditional Midwife) <u>X</u> 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:40 P.M.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>DR. MA. ELUETA B. PATAONGHUG</u> Title or Position <u>Medical Officer III</u>		Address <u>Besak, San Nicolas Cebu City</u> Date <u>October 27, 1998</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>JOSEPHINE G. BACATAN</u> Relationship to the child <u>Mother</u>		Address <u>Bulacao Pardo, Cebu City</u> Date <u>October 27, 1998</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ELINOR G. RAMEROSO</u> Title or Position <u>Record Officer I</u> Date <u>October 27, 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUELLA H. DE VITO</u> Title or Position <u>Administrative Officer III</u> Date <u>NOV 11 1998</u>		

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

