



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, 5b and 19a.)

REMARKS/ANNOTATION

Province Cebu Registration No. 2005 38413
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
JOSHUA LEDESMA LACSON

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
26 NOVEMBER 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VICENTE SOTO MEMORIAL MEDICAL CENTER, Cebu City, Cebu

5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS
1 Single 2 Twin 1 First 2 Second
3 Triplet, etc. 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
SECOND (first, second, third, etc.) 3402 grams

6. MAIDEN NAME (First) (Middle) (Last)
ELA ALABATE LEDESMA

7. CITIZENSHIP FILIPINO 8. RELIGION BAPTIST

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BULACAO, TALISAY CITY, Cebu

13. NAME (First) (Middle) (Last)
JOE SANDY GUSTILO LACSON

14. CITIZENSHIP FILIPINO 15. RELIGION BAPTIST

16. OCCUPATION LABORER 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
FEBRUARY 24, 2004 CALATRAVA, NEGROS OCCIDENTAL

19a. ATTENDANT Physician 3 Nurse 3 Midwife 3
Hilot (Traditional Midwife) 3 Others (Specify)

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 6:51 A.M. o'clock am/pm on the date stated above.

Signature MARYBETH DELOS SANTOS Address REGINA VONIC
Name in Print MEDICAL OFFICER III Date NOVEMBER 26, 2005

20. INFORMANT Signature ELA L. LACSON Address BULACAO, TALISAY CITY, Cebu
Name in Print MOTHER Date NOVEMBER 25, 2005

21. PREPARED BY Signature OSCAR B. NOLU Address REGINA VONIC
Name in Print REGISTRATION OFFICER III Date 23 DEC 2015

Table with 10 columns and 10 rows for recording data. The table is mostly blank with some faint markings.

09199-58-999BQE-00665-BI001
BEST POSSIBLE IMAGE



T089091999990066503082025001
KS600914402

BRen
02217-B05WS16-1
Documentary
Stamp Tax Paid

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

