



(Copy for CGCG)

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, 8b and 18a.)

Province CEBU Registry No. 202-869
 City/Municipality LAPU-LAPU CITY

CHILD	1. NAME (First, Middle, Last) <u>MARIA TERESSA CAMAJALAN TOMAQUIN</u>	For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9002803</u> 42 <input type="checkbox"/> 43 <u>2</u> <u>020202</u> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> <input type="checkbox"/> 53 <input type="checkbox"/> <input type="checkbox"/> 54 <input type="checkbox"/> <input type="checkbox"/> 55 <input type="checkbox"/> <input type="checkbox"/> 56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 57 <input type="checkbox"/> <input type="checkbox"/> 58 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 59 <input type="checkbox"/> <input type="checkbox"/> 60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 61 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 62 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 63 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 64 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 65 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 66 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 71 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 72 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 78 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 80 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 82 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 83 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 84 <input checked="" type="checkbox"/>
	2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
	3. DATE OF BIRTH (day) (month) (year) <u>3 February 2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Lapu-Lapu City District Hospital, Lapu-Lapu City Cebu</u>	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
6. MAIDEN NAME (First, Middle, Last) <u>BIBIANA ALBOSERA CAMAJALAN</u>	7. CITIZENSHIP <u>Filipino</u>	
8. RELIGION <u>Roman Catholic</u>	9a. Total number of children born alive: <u>2</u>	
9b. No. of children still living including this birth: <u>2</u>	9c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Teacher</u>	11. Age at the time of this birth: <u>31</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Matabang Cordova Cebu</u>	13. NAME (First, Middle, Last) <u>EUGENIO BAGDIO TOMAQUIN, JR.</u>	
14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Assistant Technician</u>	17. Age at the time of this birth: <u>29</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 26, 1998, Argao Roman Catholic Church, Argao, Cebu</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:43 AM</u> o'clock am/pm on the date stated above.		
Signature <u>Araceli T. Opura, M.D.</u> Address <u>Lapu-Lapu City District Hospital, Lapu-Lapu City</u> Name in Print <u>ARACELI T. OPURA, M.D.</u> Date <u>February 3, 2002</u> Title or Position <u>Medical Officer III</u>		
20. INFORMANT Signature <u>Bibiana C. Tomaquin</u> Address <u>Matabang, Cordova, Cebu</u> Name in Print <u>BIBIANA C. TOMAQUIN</u> Date <u>February 3, 2002</u> Relationship to the child <u>Mother</u>		
21. PREPARED BY Signature <u>Cielito T. Tario</u> Name in Print <u>CIELITO T. TARIO</u> Title or Position <u>NRAO I</u> Date <u>February 3, 2002</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Eliza Fu Yong</u> Name in Print <u>ELIZA FU YONG</u> Title or Position <u>City Civil Registrar</u> Date <u>February 8, 2002</u>		

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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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