



Municipal Form No. 102  
(Revised January 1993)

(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, 5a, 5b and 19a.)

Province CEBU Registry No. 2004 29391  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
TRISHIA MAS ALI<sup>a</sup> BELLITA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)  
22 SEPTEMBER 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd (first, second, third, etc.) d. WEIGHT AT BIRTH  
2400 grams

6. MAIDEN NAME (First) (Middle) (Last)  
IVE IUN<sup>a</sup> LOMBRINO ALI<sup>a</sup>

7. CITIZENSHIP FIL 8. RELIGION R.C.

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 SALES 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SUDLON I CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
EDWIN BOLO BELLITA

14. CITIZENSHIP FIL 15. RELIGION R.C.

16. OCCUPATION SEC. GUARD 17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
NOT MARRIED

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife  
4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 12:38 am o'clock  
am/pm on the date stated above.

Signature [Signature] Address N. BATAISO AVENUE  
Name in Print IVE VERONICA CEBU CITY  
Title or Position M.D. Date SEPTEMBER 22, 2004

20. INFORMANT  
Signature [Signature] Address SUDLON I  
Name in Print IVE LOMBRINO ALI CEBU CITY  
Relationship to the child MOTHER Date SEPTEMBER 22, 2004

21. PREPARED BY  
Signature [Signature]  
Name in Print RICARDO BERNARDA  
Title or Position CLERK  
Date SEPTEMBER 22, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print OSCAR B. MORALES  
Title or Position Registration Officer IV  
Date 2004 SEP 29

For OFFICE USE ONLY  
Registration Reference No.  
2004 29391

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

AS 1

BS 2 22 09 2004

CS 22 12 8

DS 1

ES 02 24 00

FS 1 1

GS 02 02 00

HS 07 09 24

IS 22 12 8

JS 1 1

KS 58 9 24

LS 2

MS 1

