

Municipal Form No. 102 (Revised August 2016) (To be accomplished in quadruplicate using black ink)

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2022-639 City/Municipality DAANBANTAYAN

1. NAME (First, Middle, Last) DAISY MAE ALMOCERA INTRAMPAS 2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day, Month, Year) 19 DECEMBER 2001 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CALAPE DAANBANTAYAN CEBU 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND 6. WEIGHT AT BIRTH grams

7. MAIDEN NAME (First, Middle, Last) SALLY DERDER ALMOCERA 8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 10a. Total number of children born alive 2 10b. No. of children still living including this birth 2 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEKEEPER, OWN HOME 12. AGE at the time of this birth (completed years) 13. RESIDENCE (House No., St., Barangay) CALAPE (City/Municipality) DAANBANTAYAN (Province) CEBU (Country) PHILIPPINES

14. NAME (First, Middle, Last) ALEXANDER TRAYA INTRAMPAS 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION FISHERY LABORER 18. AGE at the time of this birth (completed years) 19. RESIDENCE (House No., St., Barangay) CALAPE (City/Municipality) DAANBANTAYAN (Province) CEBU (Country) PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) 20a. DATE (Month) (Day) (Year) DONT KNOW 20b. PLACE (City / Municipality) (Province) (Country) NOT STATED

21a. ATTENDANT 1 Physician 2 Nurse 3 Midwife X 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ am/pm on the date of birth specified above. Signature \_\_\_\_\_ Address CALAPE, DAANBANTAYAN, CEBU Name in Print HILOT Title or Position \_\_\_\_\_ Date DECEMBER 19, 2001

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature \_\_\_\_\_ Name in Print DAISY MAE A. INTRAMPAS Relationship to the Child MYSELF Address CALAPE, DAANBANTAYAN, CEBU Date MAY 30, 2022 23. PREPARED BY Signature \_\_\_\_\_ Name in Print REINA ROSE B. ROSAS Relationship to the Child LCR STAFF Address \_\_\_\_\_ Date MAY 30, 2022 REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature \_\_\_\_\_ Name in Print ZENAS C. DUBLIN Title or Position MUNICIPAL CIVIL REGISTRAR Date JUN 10, 2022

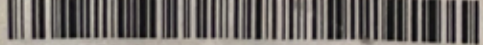


REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only) LATE REGISTRATION

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 8 9 11 13 15 16 17 19 0 1 0 8 0 2 1 6 0 8 0 2 2 2 1 0 1 0 8 9 2 1 6 0 8 0 2 2 2 1

08956-H1-400JPT-00412-BI001

BEST POSSIBLE IMAGE



T002089564000041207092024001



CDSM

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

