

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
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. 94-15766
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ANNAVER LUNBA FLARAS

2. SEX XX 1 Male XX 2 Female
3. DATE OF BIRTH (day) (month) (year)
18 July 1994

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

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

c. BIRTH ORDER (live births and fetal deaths including this delivery)
FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3100 grams

6. MAIDEN NAME (First) (Middle) (Last)
ANNALIZA LUNBA FLARAS

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Bgy. Ermita Beach CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
N.A.

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.S. 17. Age at the time of this birth: N.S. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
N.A. **CERTIFIED TRUE COPY**

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12:30p.m. o'clock am/pm on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE INC.
Name in Print CONCEPCION ROSARIO, M.D. City/Municipality CEBU CITY
Title or Position physician Date JULY 18, 1994

20. INFORMANT [Signature] Address Bgy. Ermita beach
Signature [Signature] Address Cebu City
Name in Print ANNALIZA L. FLARAS
Relationship to the child mother Date July 18, 1994

21. PREPARED BY
Signature [Signature]
Name in Print sonia m. cano
Title or Position clerk
Date July 18, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print NIDA A. NUNEZ
Title or Position CLERK III
Date DATE RC'D AUG 18 1994

FOR OFFICIAL USE ONLY
Population Reference No. 16

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