

(Copy for OCR)



Form No. 102
January 1999

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH 0880

(To be completed accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b, and 10a.)

Province <u>CEBU</u>		Registry No. <u>96-18721</u>	REMARKS/ANNOTATION	
City/Municipality <u>CEBU CITY</u>				
1. NAME (First Middle Last) <u>BERNARTE SUMAYA RAMAC</u>		For OCRs USE ONLY: Population Reference No. <u>2017A96 312-2</u>		
2. SEX SEX: 1 Male _____ 2 Female _____	3. DATE OF BIRTH (day month year) <u>5 AUGUST 1996</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>VICENTE SOPRO MEMORIAL MEDICAL CENTER CEBU CITY</u>				
5a. TYPE OF BIRTH SEX: 1 Single _____ 2 Twin _____ _____ 3 Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS _____ 1 First _____ 2 Second _____ _____ 3 Others (Specify)			
6. BIRTH ORDER (See births and fetal deaths including this delivery) (First, second, third, etc.) <u>4</u>	7. WEIGHT AT BIRTH <u>2571</u> grams			
8. MOTHER (First Middle Last) <u>GERMA BALANSAG SUMAYA</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
9. CITIZENSHIP <u>FILIPINO</u>				41
10. RELIGION <u>R.C.</u>				42
11a. Total number of children born alive: <u>4</u>	11b. No. of children still living including this birth: <u>3</u>		43	
12. OCCUPATION <u>HOUSEWIFE</u>			44	
13. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>60-D LORGA STREET CEBU CITY</u>			45	
14. NAME (First Middle Last) <u>GERMATO RAMAC</u>			46	
15. CITIZENSHIP <u>FILIPINO</u>			47	
16. OCCUPATION <u>POSTMAN</u>			48	
17. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Acquisition of Paternity at the back.) <u>DECEMBER 29, 1994 ANAO CEBU</u>				
18a. ATTENDANT SEX: 1 Physician _____ 2 Nurse _____ 3 Midwife _____ _____ 4 Midw. (Certified/Midwife) _____ 5 Others (Specify)				
18b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born after at <u>7:25 P.M.</u> of each sex/sex on the date stated above.				
Signature <u>[Signature]</u> Address <u>YANG</u>		49		
Name in Print <u>SUBAN IAT N.D.</u> City <u>CEBU CITY</u>		50		
Title or Position <u>REGISTRAR OFFICER III</u> Date <u>AUGUST 5, 1996</u>		51		
20. INFORMANT Signature <u>[Signature]</u> Address <u>60-D LORGA STREET CEBU</u>				
Name in Print <u>GERMA RAMAC</u>		52		
Relationship to the child <u>MOTHER</u> Date <u>AUGUST 5, 1996</u>		53		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>TERESITA TORIBEN</u>		54		
Title or Position <u>CLERK</u> Date <u>AUGUST 5, 1996</u>		55		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print _____ Title or Position _____ Date _____				

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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General