



Philippine Statistical Form No. 102 (Rev. Dec. 1983)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in Triplicate)

92-1089

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. _____
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) (Middle) (Last)
DIOSCORO LARAYOS ABANGAN

2. SEX (Place 'X' on appropriate answer) DATE OF BIRTH (Day) (Month) (Year)
 1 Male 2 Female 13 SEPTEMBER 1992

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
BULACAO, PANDO, CEBU CITY CEBU CITY CEBU

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
ZENAIDA BACALSO LARAYOS FIL. R.C.

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
RENARIO COMENDADOR ABANGAN FIL. R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
Date JUNE 25, 1978 Place CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:05 PM on the date stated above.
Signature [Signature] Address 601, WHITE ROAD, TRAYANAN
Name in print EMILIO S. JACA CEBU CITY
Title or position PHARMACEUTICAL Date SEPTEMBER 13, 1992

14. INFORMANT
Signature [Signature] Address BULACAO, PANDO
Name in print RENARIO C. ABANGAN CEBU CITY
Relationship to child FATHER Date SEPTEMBER 13, 1992

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Signature [Signature]
Name in print EMILIO S. JACA Name in print [Signature]
Title or position BARANGAY HEALTH WORKER Title or position [Signature]
Date SEPTEMBER 13, 1992 Date SEPTEMBER 13, 1992

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE <u>CEBU</u>		Local Civil Registry <u>92-1089</u>	Registration Status <input checked="" type="checkbox"/>
CITY/MUNICIPALITY <u>CEBU CITY</u>		8	15
Child	17. Weight of Birth (in grams) <u>2,900g</u>	18. Birth Order of Child Ex. first, second, etc. <u>9th</u>	20
	19a. Total Number of Children Born Alive <u>5</u>	19b. Now many children are now living including this birth? <u>5</u>	19c. How many children were born alive but are now dead? <u>0</u>
Mother	20. Usual Occupation <u>HOUSEWIFE</u>	21. Age at the time of this Birth <u>31 yrs. old</u>	21
	22. Usual Residence <u>BULACAO, PANDO</u>	(City/Municipality) <u>CEBU CITY</u> (Province) <u>CEBU</u>	22
Father	23. Usual Occupation <u>DRIVER</u>	24. Age at the time of this Birth <u>33 yrs. old</u>	24
	25. Attendant of Birth (Place 'X' on appropriate answer)		
<input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot <input type="checkbox"/> 5 Others			43
Sex <input checked="" type="checkbox"/>	Date of Birth <u>1959</u>	Place of Birth <u>CEBU CITY</u>	Mother's Nationality <input checked="" type="checkbox"/>
44	45	51	56
NAME OF CHILD			
First <u>DIOSCORO</u>		M.I. <u>C</u>	Last <u>ABANGAN</u>
60	70	71	

RESERVE FOR BINDING