



Municipal Form No. 102
(Revised 1983)

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

(To be accomplished in triplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 91-972
CITY/MUNICIPALITY Cebu City

1. NAME (First) JOHN DAVID (Middle) KONG (Last) PISCADERO

2. SEX (Place 'X' on appropriate answer) 1 Male 2 Female
3. DATE OF BIRTH (Day) 11 (Month) December (Year) 1991

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/trangay) Cebu Doctors' Hospital (City/Municipality) Cebu City (Province) Cebu

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

6. MAIDEN NAME (First) Carmencita (Middle) Long (Last) Long
7. NATIONALITY filipino 8. RELIGION R. Catholic

9. NAME (First) Jesus (Middle) Piscadero (Last) Piscadero
10. NATIONALITY filipino 11. RELIGION R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
July 15, 1989, San Fernando, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:59 PM o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address Cebu Doctors' Hospital
Name in print IMELDA LAYNO, M.D. Osmeña Blvd., Cebu City
Title or position Attending Physician Date Dec. 11, 1991

14. INFORMANT
Signature [Signature] Address Poblacion
Name in print JESUS PISCADERO San Fernando, Cebu
Relationship to child Father Date Dec. 11, 1991

15a. PREPARED BY
Signature [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Name in print Dem D. Ministerio Signature NIDA A. NUNEZ
Title or position medical records clerk Name in print 3300
Date Dec. 11, 1991 Title or position CLERK III
Date DATE RC'D 1/10/92

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED
(Important: Informant should also provide information on items 17, 18, and 19)

04721-GD-400ACS-00319-BI002

BEST POSSIBLE IMAGE



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XH600380677

BReN
02217-A91YB12-3

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office

