

Municipal Form No. 102.. (Revised Dec. 1, 1958)

REPUBLIC OF THE PHILIPPINES

(To be Accomplished in Duplicate)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: Cebu
City or Municipality: Cebu City

Registrar Numbers:
(a) Civil Registrar- Gen. No. _____
(b) Local Civil Registrar No. 180479-82

1. Place of Birth
a. Province Cebu
b. City or Municipality Cebu City
c. Name of Hospital or Institution (If not Hospital give street address) Cebu Doctors' Hospital
d. Is place of Birth inside City limits
Yes No

2. Usual Residence of Mother (Where does mother live?)
a. Province Cebu
b. City or Municipality Cebu City
c. Number and Street St. Michael, Banilad
d. Is Residence Inside City Limits?
Yes No
e. Is Residence on a farm?
Yes No

3. NAME (Type or Print)
First BRIAN Middle LANURIAS Last MIJARES

4. Sex male
5a. This Birth Single Twin Triplet
5b. If Twin or Triplet, was Child 1st 2nd 3rd

7. Name 411 First Mrs Middle Mijares Last Mijares
8. Date of Birth Month July Day 28 Year 1982
9. Age (At time of this birth) Years 25
10. Birthplace San Carlos, Negros Occ.
11a. Usual Occupation Salesman
11b. Kind of Business or Industry _____

12. Maiden Name Felma First Quibones Middle Lauries Last Lauries
13. Nationality filipino
13a. Race brown
14. Age (At time of this Birth) Years 25
15. Birthplace Cebu City
16. Previous Deliveries to Mother (Do not include this birth) 47

17a. Informant's Signature: _____
b. Name in Print: FELMA A. MIJARES
c. Address St. Michael, Banilad, Cebu City
18. Mothers Mailing Address: Number, Street City or Municipality, Province
St. Michael, Banilad, Cebu City

16. Previous Deliveries to Mother (Do not include this birth) 47
a. How many children are now living _____
b. How many other children were born alive but are now dead? _____
c. How many fetal deaths (fetus born dead only time of conception)? _____

19. I hereby certify that I attended the birth of this child who was born alive at 9:00 o'clock, PM on the date above indicated.

a. Signature: _____
b. Name in Print: CARMELITA RODRIGUEZ, M.D.
c. Address: Cebu Doctors' Hospital

20. Received in the Office of the Local Civil Registrar by:
a. Signature: _____
b. Name in Print: _____
c. Title or Position: _____
d. Date: 8/5/82

22a. Length of Pregnancy 40 Completed Weeks
22b. Weight at Birth 5

24. Date and Place of Marriage of Parents (For Legitimate Birth)
Month May Day 31 Year 1982
City or Municipality Cebu City Province Cebu

ATTENDANT AT BIRTH
d. Date signed by Attendant at Birth: 25
e. Title of Attendant at Birth:
 M. D. Nurse Midwife Other (Specify): _____

21 a. Given Name added From Supplier's Support: _____
b. Date when given Name was Supplied: 40

23. Legitimate Yes No

25 This Certificate is prepared by:
Signature: _____
Name in Print: Don D. Mandarino
Title of Birth: Chief, records section
Date: July 28, 1982

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSE)

2730

IMPORTANT: DO NOT DETACH LOCAL CIVIL REGISTRAR MUST ACCOMPANY CHILD

03317-1H-999TS3-00139-BI001

BEST POSSIBLE IMAGE



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WE900276863

BReN
02217-A82NUOE-6
Documentary
Stamp Tax Paid

Carmelita N. ERICTA
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

04899-1D-400JTC-00231-BI001

BEST POSSIBLE IMAGE

BReN
02217-B12JG0R-3

Carmelita N. ERICTA
CARMELITA N. ERICTA