

(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**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. 8-30690  
City/Municipality Abu City

1. NAME (First) (Middle) (Last) Jastine Camomot Escuyos

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (day) (month) (year) 30 Nov. 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) Singson Subdiv. Guadalupe Abu City Cebu

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) 3rd (first, second, third, etc.) d. WEIGHT AT BIRTH 3629 grams

6. MAIDEN NAME (First) (Middle) (Last) Maria Gellecania Camomot

7. CITIZENSHIP Fil. 8. RELIGION P.C.

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION none 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Guadalupe Abu City Cebu

13. NAME (First) (Middle) (Last) Mario Zamora Escuyos

14. CITIZENSHIP Fil. 15. RELIGION P.C.

16. OCCUPATION Mason 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Sept. 1, 1987 Cascar Cebu

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

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 3:55 a.m. o'clock am/pm on the date stated above.

Signature [Signature] Address Guadalupe Abu City  
Name in Print D. Camota Date Nov. 30, 1995  
Title or Position P.H.M.

20. INFORMANT  
Signature MARIO Z. ESCUYOS Address Guadalupe Abu City  
Name in Print M. Escuyos Date Nov. 30, 1995  
Relationship to the child Father

21. PREPARED BY  
Signature [Signature]  
Name in Print D.O. Camota  
Title or Position P.H.M.  
Date Nov. 30, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print DEC 27 1995  
Title or Position \_\_\_\_\_  
Date \_\_\_\_\_

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9530420

48

49 1 50 301195

54 22178

61

62 03 64 3427

66  69

70 03 72 03 74 00

76 2910 78 30

81 22178

86  87  3670

88 95 91 29

93  690187  
2245  
12278

94

