

(Copy for OCRG)



Form No. 102  
January 1989

(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 <u>Cebu</u>		Registry No. <u>05-12499</u>
City/Municipality <u>Cebu City</u>		
1. NAME (First) (Middle) (Last) <u>AL GENES EGOS TUMULAK</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>25 May 1995</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUER. CENTER &amp; MAT. HOUSE INC. CEBU CITY CEBU</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
c. BIRTH ORDER (Give births and fetal deaths including this delivery). <u>SECOND</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>3910</u> grams
6. MARDEN NAME (First) (Middle) (Last) <u>NILSA NOEL EGOS</u>		
7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>
		c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>housewife</u>		11. Age at the time of this birth: <u>25</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BARAG 1 LAPULAPU CITY CEBU</u>		
13. NAME (First) (Middle) (Last) <u>AL BONGANGTOD TUMULAK</u>		
14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>SEAMAN</u>		17. Age at the time of this birth: <u>27</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 20, 1992 Dumanjug, Cebu</u>		
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:40 a.m.</u> o'clock am/pm on the date stated above.		
Signature <u>[Signature]</u> Name in Print <u>ANNABEL CUSTILLO, M.D.</u> Title or Position <u>Physician</u>		Address <u>Cebu Puer. Center &amp; Mat. House Inc. Cebu City</u> Date <u>May 25, 1995</u>
Signature <u>[Signature]</u> Name in Print <u>NILSA E. TUMULAK</u> Relationship to the child <u>mother</u>		Address <u>Babag 1, Lapulapu city</u> Date <u>May 25, 1995</u>
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Sonia M. Cano</u> Title or Position <u>clerk</u> Date <u>May 25, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MA A. NUNEZ</u> Title or Position <u>CLERK III</u> Date <u>MAY 25 1995</u>

For OCRG USE ONLY:  
Population Reference No. 0512499

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 0512499

45

49  50 250195

55 22178

61

62  64 023910

66  68

70 27 72 02 74 00

76 270 78 25

81 22269

86  87

88 981 91 28

93

94

0520920  
22244  
060895

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BEST POSSIBLE IMAGE



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BReN  
02217-A95JROX-9

[Signature]  
CARMELITA N. ERICTA  
Administradora and Civil Registrar General