

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
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. 1950
City/Municipality Teledo City

1. NAME (First) (Middle) (Last)
Jian Margen Neri Lasuña

2. SEX X 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
17 June 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
ASJM Medical Center, DAS, Teledo City, Cebu

5a. TYPE OF BIRTH X 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) 1st (first, second, third, etc.)
d. WEIGHT AT BIRTH 3300 grams

6. MAIDEN NAME (First) (Middle) (Last)
Jienith Neri Lasuña

7. CITIZENSHIP Filipine 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
21-A Tambis St., Ergelle, Cebu City

13. NAME (First) (Middle) (Last)
Unknown

14. CITIZENSHIP Not Applicable 15. RELIGION Not Applicable

16. OCCUPATION Not Applicable 17. Age at the time of this birth: Not Applicable years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Applicable

19a. ATTENDANT X 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 7:00 a.m. o'clock am/pm on the date stated above.

Signature [Signature] Address c/o ASJM Medical Center
Name in Print Angelita L. Simson, M.D. DAS, Teledo City, Cebu
Title or Position Physician Date June 17, 1995

20. INFORMANT
Signature [Signature] Address 21-A Tambis St.,
Name in Print Mrs. J. N. Lasuña Ergelle, Cebu City
Relationship to the child Mother Date June 17, 1995

21. PREPARED BY
Signature [Signature]
Name in Print Raydee L. Alfonso
Title or Position Clerk
Date June 17, 1995

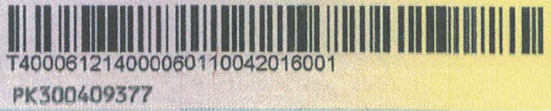
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Signature]
Title or Position [Signature]
Date 7/12/95

FOR OCRG USE ONLY
Population Reference No.
OBSERVED EDUCATION OFFICE OF THE CIVIL REGISTRAR
REGISTRATION NO. 9307015
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2 17 6 2 5
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1
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BEST POSSIBLE IMAGE

BReN
02251-A95MH04-3

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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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.)

REMARKS/ANNOTATION
LEGITIMATED BY SUBSEQUENT
MARRIAGE OF PARENTS ON
08 SEPTEMBER 1996 AND
ACKNOWLEDGED BY ROGER C.
JERUSALEM ON 08 JUNE 1999
UNDER REG. NO. 99-54

Province: CEBU
City/Municipality: TOLEDO CITY
Registry No.: 95-1950

1. NAME (First) JHEN MARGEN (Middle) LASCUÑA (Last) JERUSALEM

2. SEX X 1 Male X 2 Female
3. DATE OF BIRTH 17 (day) JUNE (month) 1995 (year)

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
ASJM MEDICAL CENTER DAS, TOLEDO CITY CEBU

5a. TYPE OF BIRTH X 1 Single X 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) 1ST (first, second, third, etc.)
d. WEIGHT AT BIRTH 3300 grams

6. MAIDEN NAME (First) JENITH (Middle) NERI (Last) LASCUÑA

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
21-A TAMBIS ST. URGELLO CEBU CITY

13. NAME (First) ROGER (Middle) CAMASURA (Last) JERUSALEM

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION EMPLOYEE 17. Age at the time of this birth: 22 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
08 SEPTEMBER 1996 CEBU CITY

19a. ATTENDANT X 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 7:00A.M. o'clock
am/pm on the date stated above.

Signature: ANGELITA L. SIMON Address: c/o ASJM Medical Center
Name in Print: ANGELITA L. SIMON, M.D. DAS, TOLEDO CITY, CEBU
Title or Position: PHYSICIAN Date: JUNE 17, 1999

20. INFORMANT Signature: [Signature] Address: 21-A TAMBIS ST.
Name in Print: [Name] URGELLO, CEBU CITY
Relationship to the child: FATHER Date: 10 JUNE 1999

21. PREPARED BY Signature: SGD. HAYDER L. ALBUQUERQUE
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: SGD. EUSTASIO B. RODRIGUEZ

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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LUCIA B. SAUID
Acting District Civil Registrar
6/10/99

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