



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH** 0610

(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. 96-16914  
City/Municipality CEBU CITY

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)  
LEMUEL CAPAO PINO

For OCRG USE ONLY:  
Population Reference No.  
2017-A9-1622-0

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
16 JULY 1996

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU

41  
9616914

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

43  
7

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) FIRST  
d. WEIGHT AT BIRTH \_\_\_\_\_ grams 2960

49 50  
7 700796

6. MAIDEN NAME (First) (Middle) (Last)  
LUZVIMINDA G. CAPAO

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

56  
2218

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: NONE

61  
7

10. OCCUPATION PRODUCTION WORKER 11. Age at the time of this birth: 21 years

62 64  
01060

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Pajo, Lapu-lapu City

13. NAME (First) (Middle) (Last)  
EMMANUEL S. PINO

68 69  
7

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION TECHNICIAN 17. Age at the time of this birth: 26 years

70 72 74  
0100

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JANUARY 27, 1996 - CONSOLACION PARISH CHURCH, CONSOLACION, CEBU

76 79  
949 21

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

81  
2037

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 8:10 P.M. o'clock am/pm on the date stated above.

Signature Lyn Alana Address PERPETUAL SUCCOUR HOSPITAL  
Name in Print LYN ALANA, M.D.  
Title or Position RESIDENT PHYSICIAN Date JULY 17, 1996

86 87  
7 7

20. INFORMANT  
Signature Emmanuel S. Pino Address PAJO, LAPU-LAPU CITY  
Name in Print MR. EMMANUEL S. PINO Date JULY 17, 1996  
Relationship to the child FATHER

91  
849 26

21. PREPARED BY  
Signature Lolita Q. Garcia  
Name in Print MEB, RECORD CLERK  
Title or Position MEB, RECORD CLERK  
Date JULY 17, 1996

93  
7 25-4  
01-7/96

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature Nida A. Nunez  
Name in Print NIDA A. NUNEZ  
Title or Position CLERK III  
Date JULY 24 1996

94  
7 07-24/96

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BEST POSSIBLE IMAGE



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Documentary

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