



(Copy for CGCR)

Form No. 103 January 1989		(To be completed in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH					
Province: <u>Cebu</u>		City: <u>Lapu-Lapu City</u>		Registry No.: <u>96-164</u>	
1. NAME First: <u>Ross</u> Middle: <u>Igot</u> Last: <u>Salingabay</u>		3. DATE OF BIRTH Year: <u>1996</u> Month: <u>October</u> Day: <u>27</u>		For CGCR USE ONLY: Population Statistics No.: <u>222-86-103-2</u>	
2. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		4. PLACE OF BIRTH Name of Hospital: <u>Nectan Community Hospital</u> District: <u>Beacon</u> City: <u>Lapu-Lapu City</u> Province: <u>Cebu</u>		15. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. TYPE OF BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Other <input type="checkbox"/>		6. IF MULTIPLE BIRTH CHILD, INDICATE 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Third <input type="checkbox"/> 4. Fourth <input type="checkbox"/> 5. Fifth <input type="checkbox"/> 6. Sixth <input type="checkbox"/> 7. Seventh <input type="checkbox"/> 8. Eighth <input type="checkbox"/> 9. Ninth <input type="checkbox"/> 10. Tenth <input type="checkbox"/>		16. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. BIRTH-ORDER (live birth and post-mortem) 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Third <input type="checkbox"/> 4. Fourth <input type="checkbox"/> 5. Fifth <input type="checkbox"/> 6. Sixth <input type="checkbox"/> 7. Seventh <input type="checkbox"/> 8. Eighth <input type="checkbox"/> 9. Ninth <input type="checkbox"/> 10. Tenth <input type="checkbox"/>		8. WEIGHT AT BIRTH <u>2,750</u> grams		17. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. MAIDEN NAME First: <u>Ross</u> Middle: <u>Igot</u> Last: <u>Salingabay</u>		10. CITIZENSHIP Filipino <input checked="" type="checkbox"/>		11. RELIGION Roman Catholic <input checked="" type="checkbox"/>	
12. RESIDENCE Street No., Street, Barangay, City, Province <u>Beacon, Nectan, Lapu-Lapu City, Cebu</u>		13. NAME First: <u>Resate</u> Middle: <u>Mugario</u> Last: <u>Salingabay</u>		14. CITIZENSHIP Filipino <input checked="" type="checkbox"/>	
15. OCCUPATION <u>Housewife</u>		16. RELIGION Roman Catholic <input checked="" type="checkbox"/>		17. Age at the time of birth: <u>29</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS Date: <u>January 12, 1991</u> Place: <u>Beacon, Lapu-Lapu City</u>		19. ATTENDANT Name: <u>[Signature]</u> Address: <u>[Address]</u>		20. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born at <u>6118</u> o'clock on <u>October 27, 1996</u> .	
21. INFORMANT Name: <u>[Signature]</u> Address: <u>[Address]</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>Mrs. Elisa P. Young</u> Title or Position: <u>City Civil Registrar</u> Date: <u>October 29, 1996</u>		23. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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 National Statistician and Civil Registrar General
 Philippine Statistics Authority

PHILIPPINE STATISTICS AUTHORITY