

Municipal Form No. 102 (Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Cebu

LOCAL CIVIL REGISTRY NO. 1709 (1-84)

CITY/MUNICIPALITY Cebu City

1. NAME (First) BRIAN (Middle) GORGONIO (Last) QUILAQUIL

2. SEX (Place 'X' on appropriate answer) X 1 Male 2 Female 3. DATE OF BIRTH (Day) 27 (Month) 10 (Year) 1984

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single 2 Twin 3 Three or more b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third 4th etc

6. MAIDEN NAME (First) (Middle) (Last) Carmelita Arceles Goramara 7. NATIONALITY Philippine 8. RELIGION Catholic Church

9. NAME (First) (Middle) (Last) Leopoldo Arceles Quilaquil 10. NATIONALITY Philippine 11. RELIGION Catholic Church

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)

13. CERTIFICATE OF ATTENDANT AT BIRTH

I, hereby certify that I attended the birth of the child who was born alive at 4:15 o'clock am/p.m. on the date stated above.

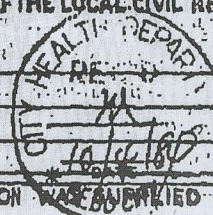
Signature [Signature] Address Family Home, P. Rodriguez St.
Name in print DRA. LOYDES E. ROSARDO Date 4/27/84
Title or position R.M.

14. INFORMANT
Signature [Signature] Address 2nd St. Cebu City
Name in print Mrs. Carmelita Arceles Goramara
Relationship to child Mother

15a. PREPARED BY
Signature [Signature] Address _____
Name in print MRS. LUISA LABORADOR
Title or position B. IV
Date 4/27/84

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature _____
Name in print _____
Title or position _____
Date _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 16b. DATE WHEN INFORMATION WAS OBTAINED



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

