



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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 16a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 2000-408
City/Municipality OSLOB

1. NAME (First) (Middle) (Last)
DALLA THAE HYACINTH SERENO ROMARES

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
27 August 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Oslob District Hospital Oslob, Cebu

5a. TYPE OF BIRTH (General Office) (Municipal Office) (Municipal Office)
 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH CHILD WAS
 1 First 2 Second 3 Other, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
First (first, second, third, etc.)

d. WEIGHT AT BIRTH
2892 grams

2235-B00RT02-5

3000408

11

2 270800

6. MAIDEN NAME (First) (Middle) (Last)
Joan Imaculada Sereño Romares

7. CITIZENSHIP Filipino

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 Housekeeper

11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Pungtod Oslob, Cebu

22350

11

012892

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

14. CITIZENSHIP

15. RELIGION

16. OCCUPATION

17. Age at the time of this birth: _____ years

11

010100

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

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

220 25

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:20 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Oslob District Hospital
Name in Print PAGITA Y. SY, M.D. City Oslob, Cebu
Title or Position Medical Officer III Date August 31, 2000

24350

00

20. INFORMANT
Signature [Signature] Address Pungtod, Oslob, Cebu
Name in Print JUAN IMACULADA ROMARES Date August 31, 2000
Relationship to the child Mother

000 00

21. PREPARED BY
Signature [Signature]
Name in Print ANN DION C. CABEZAS
Title or Position Nurse I
Date August 31, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print OSCAR O. PILARIO
Title or Position Local Civil Registrar
Date Sept. 4, 2000

2

3

07087-79-400BBJ-01369-BI001
BEST POSSIBLE IMAGE

BReN
02235-B00RT02-2

[Signature]
JOSIE B. PEREZ
Assistant Secretary