



Municipal Form No. 103  
(Revised 1990)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriter)

LATE REGISTRATION

PROVINCE NEGROS OCCIDENTAL LOCAL CIVIL REGISTRY NO. 93-9655  
 CITY/MUNICIPALITY BACOLOD CITY

1. NAME (First) RMIA MAY (Middle) BEBOSO (Last) PODA

2. SEX (Place 'X' on appropriate answer)  
 1 Male  2 Female

3. DATE OF BIRTH (Day) 10 (Month) May (Year) 1993

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in/hospital, give street/barangay) CLMMRHospital (City/Municipality) Bacolod City (Province) Negros Occidental

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
 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) JOSEPHINE (Middle) VILLAERA (Last) BEBOSO 7. NATIONALITY FILIPINO 8. RELIGION R.C.

9. NAME (First) RENATO (Middle) LAYES (Last) PODA 10. NATIONALITY FILIPINO 11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Reported as not applicable. All Affidavits of Acknowledgment at the back).  
DECEMBER 18, 1988 - CALIBATI, NEGROS OCC.

13. CERTIFICATE OF ATTENDANT AT BIRTH:  
 I hereby certify that I attended the birth of the child who was born alive at 10:15 A.M. o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address CLMMRH  
 Name in print MAY IRENE JOSEFA COSCULLUEBA, M.D. Bacolod City  
 Title or position Medical Officer III Date May 10, 1993

14. INFORMANT  
 Signature [Signature] Address Purek Mahogany, Abkasa  
 Name in print JOSEPHINE PODA Brgy. Mandalagan, Bacolod City  
 Relationship to child MOTHER Date May 10, 1993

15a. PREPARED BY  
 Signature [Signature]  
 Name in print FAUSTIA S. VILLANUEVA  
 Title or position N.S.  
 Date May 10, 1993

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature [Signature]  
 Name in print LUZ L. VILLAFLOR 1220  
 Title or position CITY CIVIL REGISTRAR  
 Date OCT 22 1993

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

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE NEGROS OCCIDENTAL Local Civil Registry No. 9309655 Registration Status 2  
 CITY/MUNICIPALITY BACOLOD CITY

17. Weight at Birth (in grams) 2800 2800 18. Birth Order of Child (first, second, etc.) 3rd 03

19a. Total Number of Children Born Alive 3 03 b. How many children are now living including this birth? 3 03 c. How many children were born alive but are now dead? 0 00

20. Usual Occupation Housekeeper 20 21. Age at the time of this Birth 22 22

22. Usual Residence (Barangay) Purek Mahogany, Abkasa, Brgy. Mandalagan, Bacolod City, Neg. Occ. (Province) 090113

23. Usual Occupation Driver 23 24. Age at the time of this Birth 34 34

25. Attendant at Birth (Place 'X' on appropriate answer)  1 Physician  2 Nurse  3 Midwife  4 Nilot  5 Others 1

RESERVE FOR BINDING

Sex 2 2 Date of Birth 10 05 93 Place of Birth 090113 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD  
 First RMIA M.I. PODA Last PODA

"PAKITA SA MUNDO, UMAASENSO NA TAYO"

04483-D1-420JBC-00711-BI001

BEST POSSIBLE IMAGE



T420044834200071104102012001

NH700849534

BReN  
04501-A93KA03-5

Documentary  
Stamp Tax Paid

[Signature]

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

