

STATISTICS  
Mandatory Form No. 124--(Revised Dec. 1, 1980)

(TO BE ACCOMPANIED BY DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

TO BE COMPLETED ACCURATELY LEGIBLY IN INK OR TYPEWRITER

Register Number:

(c) Civil Registrar General No.

(d) Local Civil Registrar No. **307 (1/82)**

Province: Cebu

City or Municipality: Cebu City

1. Name of Place: Cebu

2. City or Municipality: Cebu City

3. Name of Hospital or Institution (If not in English, give exact name): Sacred Heart Hospital

4. Is this a birth in a hospital? Yes

5. Name of Place: Cebu

6. City or Municipality: Cebu City

7. Name and Street: B. Rodriguez St.

8. Is this a birth in a hospital? Yes

9. Sex: Female

10. Name (Given or first): Jinky

11. Surname: Batarna

12. Date of Birth: October 5, 1982

13. Name of Mother: Jaine Tolabing

14. Name of Father: Selor

15. Religion: R.C.

16. Race: Filipino

17. Color of Hair: Brown

18. Color of Eyes: Brown

19. Place of Birth: Sinatilan, Cebu

20. Occupation: Operator

21. Name of Mother: Erodita Tumabine Batarna

22. Name of Father: Selor

23. Religion: R.C.

24. Race: Filipino

25. Color of Hair: Brown

26. Color of Eyes: Brown

27. Place of Birth: Medillen, Cebu

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