

Microfilm Form No. 102
(Revised 1983)

(To be accomplished in duplicate)

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



PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 88-1536
 CITY/MUNICIPALITY Cebu City
 1. NAME (First) SHERYL (Middle) FACTURANAN (Last) BOJOS
 2. SEX (Place 'X' on appropriate answer) 1 Male X 2 Female
 3. DATE OF BIRTH (Day) 22 (Month) JUNE (Year) 1989
 4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) (City/Municipality) (Province)
Cebu Puer. Center & Maternity House Inc., Cebu City Cebu
 5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single X 2 Twin 3 Three or more
 b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th etc
 6. MAIDEN (First) (Middle) (Last) NAME CRISTITUTA MEDALLO FACTURANAN
 7. NATIONALITY FIL. 8. RELIGION ROMAN CATHOLIC
 9. NAME (First) (Middle) (Last) LOLITO JONAS BOJOS
 10. NATIONALITY FIL. 11. RELIGION ROMAN CATHOLIC
 12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
AUGUST 19, 1976 POLOMALOG, SOUTH COTABATO
 13. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 11:03 o'clock a.m./p.m. on the date stated above.
 Signature: [Signature] Address Cebu Puer. Center & Mat. House Inc., Cebu City
 Name in print MARILEE S. TAN, M.D. Date JUNE 22, 1989
 Title or position PHYSICIAN
 14. INFORMANT
 Signature: [Signature] Address Nival, Lahug, Cebu City
 Name in print CRISTITUTA BOJOS Date JUNE 22, 1989
 Relationship to child MOTHER
 15a. PREPARED BY
 Signature: [Signature] Address _____
 Name in print JOCELYN B. ITONO Date _____
 Title or position CLERK
 Date JUNE 22, 1989
 b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature: _____ Date _____
 Name in print _____
 Title or position _____
 Date _____
 15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 3400

(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)

Local Civil Registry No. 89101536 Registration Status 1
 PROVINCE Cebu CITY/MUNICIPALITY Cebu City
 17. Weight of Birth (in grams) 3,800 18. Birth Order of Child (Ex. First, second, etc.) SECOND
 19a. Total Number of Children Born Alive 02 19b. How many children are now living including this birth? 02 19c. How many children were born alive but are now dead? 00
 20. Usual Occupation EMPLOYER 21. Age of the time of this Birth 35
 22. Usual Residence (Barangay) Nival, Lahug, (City/Municipality) Cebu City (Province) Cebu
 23. Usual Occupation STEWARD 24. Age of the time of this Birth 42
 25. Attendant of Birth (Place 'X' on appropriate answer) 1 Physician X 2 Nurse 3 Midwife 4 Priest 5 Other
 Sex 2 Date of Birth 220689 Place of Birth 22178 Mother's Nationality 1 Father's Nationality 1
 NAME OF CHILD (First) (M.I.) (Last)
SHERYL F BOJOS

RESERVE FOR BINDING

04637-FF-999DPC-00748-B1001

BEST POSSIBLE IMAGE



BREN
02217-A89MN0N-7

Documentary
Stamp Tax Paid

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