



Form No. 102
(Rev. 1983)

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

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 99-6399

CITY/MUNICIPALITY CEBU CITY

1. NAME (First) (Middle) (Last)
MICHELLE DICHOS CABALLES

2. SEX (Place 'X' on appropriate answer)
1 Male 2 Female DATE OF BIRTH (Day) (Month) (Year)
24 MARCH 1994

4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) (City/Municipality) (Province)
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

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

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
ARLENE FLORES DICHOS FIL. R.C.

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
VICENTE AVILA CABALLES FIL. R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
Date JUNE 25, 1992 Place SACRED HEART CHURCH, CEBU CITY

13. CERTIFICATE OF ATTENDANT OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 8:15 o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address CEBU CITY MEDICAL CENTER
Name in print NORMA G. CATAOS CEBU CITY
Title or position M.D. Date MARCH 24, 1994

14. INFORMANT
Signature [Signature] Address 207 -G. GORORDO AVENUE
Name in print ARLENE CABALLES CEBU CITY
Relationship to child MOTHER Date MARCH 24, 1994

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Signature [Signature]
Name in print JUSTINA D. CLAUDIO Name in print ADA A. NUNEZ
Title or position D.P. NURSE Title or position CLERK III
Date MARCH 24, 1994 Date APR 11 1994

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 2080 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)

9406349
2 240394
22178
01 2892
01 1
01 22
220 22
22178
1 1
290 25
1 1

RESERVE FOR BINDING

Local Civil Registry Registration Status
3 15

PROVINCE CEBU CITY/MUNICIPALITY CEBU CITY

17. Weight of Birth (in grams) 2892 18. Birth Order of Child Ex: first, second, etc. 1st

19a. Total Number of Children Born Alive 1 19b. How many children are now living including this birth? 1 19c. How many children were born alive but are now dead? 0

20. Usual Occupation NONE 21. Age at the time of this birth 22

22. Usual Residence (Barangay) (City/Municipality) (Province)
207 -G. GORORDO AVENUE, LANUG CEBU CITY CEBU

23. Usual Occupation NONE 24. Age at the time of this birth 25

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

26. Date of Birth 27. Place of Birth 28. Mother's Nationality 29. Father's Nationality
44 35 51 56 57

30. NAME OF CHILD (First) (M.I.) (Last)
60 70 71

062892
22178
041194

06716-62-400GQC-02346-BI001

BEST POSSIBLE IMAGE



T400067164000234605222018001

BReN
02217-A94FQ0D-6

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

