



Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate) (Copy for OCRG) /ANNOTATION

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 19a.)

Province: CEBU Registry No.: 91-29331
City/Municipality: CEBU CITY

1. NAME (First, Middle, Last): BIRKO ROBEJ BATESTIL ROSALEJOS

2. SEX: XX 1. Male 2. Female 3. DATE OF BIRTH (day, month, year): 14 OCTOBER 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province): CHONG HUA HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH: XX 1. Single 2. Twin 3. Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS: 9 2 3 3 3 1

6. MAIDEN NAME (First, Middle, Last): LEOFE BERMUDEZ BATESTIL

7. CITIZENSHIP: FILIPINO 8. RELIGION: ROMAN CATHOLIC

9a. Total number of children born alive: TWO b. No. of children still living including this birth: TWO c. No. of children born alive but are now dead: NONE

10. OCCUPATION: PHARMACIST 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay, City/Municipality, Province): SOGOD, SOUTHERN LEYTE

13. NAME (First, Middle, Last): BIRKO COLADO ROSALEJOS

14. CITIZENSHIP: FILIPINO 15. RELIGION: ROMAN CATHOLIC

16. OCCUPATION: MARINE ENGINEER 17. Age at the time of this birth: 35 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): SEPTEMBER 01, 1990, SOGOD, SOUTHERN LEYTE

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

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 9:25 P.M. o'clock am/pm on the date stated above.

Signature: Virginia F. Velasco Address: c/o Chong Hua Hospital
Name in Print: Virginia F. Velasco, M.D. Puerto Osmeña, Cebu City
Title or Position: Attending Physician Date: October 17, 1994

20. INFORMANT: Signature: [Signature] Address: Sogod, Southern Leyte
Name in Print: LEOFE B. ROSALEJOS
Relationship to the child: MOTHER Date: October 17, 1994

21. PREPARED BY: Signature: [Signature]
Name in Print: BERNARDINA J. GERONA
Title or Position: CLERK RECORD SECTION
Date: October 17, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: NIDA A. NUÑEZ
Name in Print: CLERK III
Title or Position: DATE REC'D: NOV 03 1994

For OCRG-USE ONLY: Population Reference No. []

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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02-05-94
Archivist
CERILIA V. POLYAROSA
of Luena

REMARKS: THE MOTHER'S FIRST NAME IS HEREBY CORRECTED FROM LEOFE TO LOUELLA LEONI PURSUANT TO THE DECISION OF CCR EVANGELINE T. ABAYAYO ON MAY 25, 2004 IN ACCORDANCE WITH RA 5

CERTIFIED CORRECT:

CMEM