



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/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. 99 17206
City/Municipality Tagbilaran City

1. NAME (First) KAYE APPLE LUXIVE (Middle) PANGANIBAN (Last) ARTELA

2. SEX Male Female

3. DATE OF BIRTH (day) 18 (month) July (year) 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CESBU FUER CENTER & MATERNITY HOUSE INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH Single Twin Triplet, etc. 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 2 grams

d. WEIGHT AT BIRTH 7 grams

6. MAIDEN NAME (First) LIZAVINDA (Middle) MINOBA (Last) PANGANIBAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 0 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
None Tagbilaran City Cebu

13. NAME (First) ROLANDO (Middle) OTERO (Last) OTERO

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FILIPINO 17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT JANUARY 26, 1992 VICTORIAS NEGAOS OCCIDENTAL

Physician 2-Nurse 3. Midwife
 4. Hilot (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 7:40 o'clock AM/PM on the date stated above.)

Signature [Signature] CESBU FUER CENTER & MATERNITY
Name in Print [Name]
Title or Position PHYSICIAN Tagbilaran City

20. INFORMANT [Signature] ADDY MINGOBA Tagbilaran City
Name in Print [Name]
Relationship to the child OTHER July 18, 1999

21. PREPARED BY [Signature] CLAIRE DENNIS S. MAPA
Name in Print [Name]
Title or Position CIVIL REGISTRAR GENERAL July 18, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR [Signature]
Name in Print [Name]
Title or Position CIVIL REGISTRAR July 18, 1999

For OCRG USE ONLY: Population Reference No. 9917206

41 9917206

48 1

49 2 50 780799

56 22178

61 1

62 03 64 4040

68 1 69 1

70 03 72 03 74 00

76 290 78 06

81 22178

86 1 87 1 000266

88 582 91 32

93 1 07/26/92
45310

94 1 07/29/99

07955-8G-400ATC-00538-BI001
BEST POSSIBLE IMAGE

BReN
02217-A99PJ06-0

CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Documentary
Stamp Tax Paid

