



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, 6a, 6b and 19a.)

Province Cebu Registry No. 38 20104
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
JASPER CHRISTIAN SECIBAN CANASA

2. SEX X 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
05 Aug. 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Cebu Doctors' Hospital Cebu City Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin
 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second
 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
1st. (first, second, third, etc.)
d. WEIGHT AT BIRTH
2,920 grams

6. MAIDEN NAME (First) (Middle) (Last)
Chona Cababat Seciban

7. CITIZENSHIP Filipino 8. RELIGION R, Catholic

9a. Total number of children born alive: 01
b. No. of children still living including this birth: 01
c. No. of children born alive but are now dead: 0

10. OCCUPATION Office Employee-Credit & Collection Officer 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Ibabeo, Mambaling Cebu City Cebu

13. NAME (First) (Middle) (Last)
Jose Risalde Talara Canasa

14. CITIZENSHIP Filipino 15. RELIGION R, Catholic

16. OCCUPATION Office Employee- Hotel 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.)
Jan. 17, 1998, Cebu City

19a. ATTENDANT X 1 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 11:43 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Cebu Doctors' Hospital
Name in Print: LILIBETH MACACHOR, M.D. Osmeña Blvd., Cebu City
Title or Position Attending Physician Date Aug. 5, 1998

20. INFORMANT
Signature [Signature] Address Ibabeo, Mambaling
Name in Print: CHONA S. CANASA Cebu City
Relationship to the child Mother Date Aug. 5, 1998

21. PREPARED BY
Signature [Signature]
Name in Print: Donna M. [Name]
Title or Position medical records clerk
Date Aug. 5, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print: [Name]
Title or Position [Title]
Date 8/14/98

REMARKS/ANNOTATION
[Handwritten notes and stamps in the right margin, including dates like 01/12/98, 05/17/98, 08/14/98 and various numerical entries.]

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BEST POSSIBLE IMAGE



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

