



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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, 5b and 19a.)

Province Cebu Registrars No. 98 21184  
City/Municipality Cebu City

1. NAME (First) Kilsey Mae (Middle) Lagahid (Last) Negre

2. SEX 1 Male  2 Female

3. DATE OF BIRTH (day) (month) (year)  
19 August 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Saint Vincent General Hospital- Cebu City

5a. TYPE OF BIRTH 1 Single  2 Twin  3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First  2 Second  3 Others, Specify

6. BIRTH ORDER (five births and fetal deaths including this delivery) first (first, second, third, etc.)

7. d. WEIGHT AT BIRTH 3,000 grams

6. MARDEN NAME (First) Leonora (Middle) Arten (Last) Lagahid

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive 1 b. No. of children still living including this birth 1 c. No. of children born alive but are now dead 0

10. OCCUPATION Production Crew 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
San Miguel Apas, Lahug, Cebu City

13. NAME (First) Teddulo (Middle) Piasencia (Last) Negre

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Warehouseman 17. Age at the time of this birth: 31 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
September 18, 1997 - Cebu City

19a. ATTENDANT  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 10:59 P.M. o'clock am/pm on the date stated above.

Signature [Signature] Address c/o Saint Vincent General Hospital  
Name in Print Toy G. Batao  
Title or Position Attending Physician Date August 19, 1998

20. INFORMANT  
Signature [Signature] Address San Miguel Apas, Lahug, Cebu City  
Name in Print Leonora L. Negre  
Relationship to the child Mother Date August 19, 1998

21. PREPARED BY  
Signature [Signature]  
Name in Print Lillian V. Innes-as  
Title or Position Clerk  
Date August 19, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print QUEENIE M. DEAN  
Title or Position CENTRAL OFFICER  
Date 8/21/98

05757-E3-400RPP-00023-BI001

BEST POSSIBLE IMAGE



T40005757400002310062015001

U1000155637

BReN

02217-A98RK01-7

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

