



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

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, 9a, 9b and 19a.)

Province Cebu City/Municipality Cebu City Registration No. 2003 11114

C H I L D	1. NAME (First) (Middle) (Last) JUSTINE MAY FLORES LASTIMOSO			RE M A R K S / A N N O T A T I O N	
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) 22 April 2003			
	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 <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____			
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) First		d. WEIGHT AT BIRTH 3,260 grams	41 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	
	6. MAIDEN NAME (First) (Middle) (Last) Joysie Duran Flores				
	7. CITIZENSHIP Filipino		8. RELIGION Catholic		49 <input type="checkbox"/>
	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: 00		50 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
10. OCCUPATION Checker (Pharmacy)		11. Age at the time of this birth: 28 years	56 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Purok Tambis Casuntingan Mandana City Cebu			61 <input type="checkbox"/>		
F A T H E R	13. NAME (First) (Middle) (Last) Jesus Calapando Lastimosa				62 64 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 0
	14. CITIZENSHIP Filipino		15. RELIGION Catholic		68 69 <input type="checkbox"/> 1 <input type="checkbox"/> 1
	16. OCCUPATION Service Technician		17. Age at the time of this birth: 29 years		70 72 74 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) June 22, 2002 San Fernando Bukidnon					76 79 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____				81 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 1	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 11:14 am o'clock am/pm on the date stated above.				86 87 <input type="checkbox"/> 1 <input type="checkbox"/> 1	
Signature _____ Name in Print MARY JUDY LIN CAJENAS, M.D. Title or Position Attending Physician		Address Cebu Doctors' Hospital Osmeña Blvd., Cebu City Date April 22, 2003		88 91 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 0	
Signature _____ Name in Print JOYSIE F. LASTIMOSO Relationship to the child Mother		Address Purok Tambis Casuntingan Mandana City, Cebu Date April 22, 2003		93 <input type="checkbox"/>	
Signature _____ Name in Print ERWIN G. MUÑEZ Title or Position Medical records clerk Date April 22, 2003		Signature _____ Name in Print CODELLA N. DEJITE Title or Position REGISTRATION OFFICER II Date 2003 APR 25		94 <input type="checkbox"/>	

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Lisa Grace S. Bersales

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

