

(Copy for OCRG)



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 10a.)

Province Cebu City/Municipality CEBU CITY Registry No. 11573

1. NAME (First) HERNAN AMARILLO (Middle) LOPEZO (Last) SAYSON

2. SEX 1 Male X Female 3. DATE OF BIRTH (day) 22 (month) MAY (year) 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU MED. CENTER & MATERNITY HOUSE, INC. CEBU CITY, CEBU

5a. TYPE OF BIRTH X Single 2 Twin 3 Other, Specify \_\_\_\_\_  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify \_\_\_\_\_

c. BIRTH ORDER (live births and fetal deaths including this delivery) FIRST (first, second, third, etc.) d. WEIGHT AT BIRTH 3,240 grams

6. MAIDEN NAME (First) ALHABERA (Middle) MARQUEZ (Last) LOPEZO

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born: 1 b. No. of children still being included: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION TEACHING 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
2-C BERTISAN RD., PUNTA PRINCESA, CEBU CITY, CEBU

13. NAME (First) JOEL (Middle) EVALLE (Last) SAYSON

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION HOUSEKEEPING 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
MARRIAGE: APRIL 22, 1999 THE CEBU CITY

19a. ATTENDANT 1 Physician 3 Nurse 2 Midwife 5 Others (Specify) \_\_\_\_\_  
4 Healer (Traditional/Midwife) \_\_\_\_\_

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 12:45 o'clock AM/PM on the date stated above.)  
Signature: DR. ALYSSA C. CHIN, M.D. Address: CEBU MED. CENTER & MATERNITY HOUSE, INC. CEBU CITY  
Name in Print: ALYSSA C. CHIN, M.D. Date: MAY 22, 1999

20. INFORMANT (Name of Informant) HERNAN AMARILLO LOPEZO SAYSON Address: 2-C BERTISAN RD., PUNTA PRINCESA, CEBU CITY  
Name in Print: HERNAN AMARILLO LOPEZO SAYSON Date: MAY 22, 1999

21. PREPARED BY (Name of Registrar) MAWANELLA C. MORALES Address: CEBU CITY  
Name in Print: MAWANELLA C. MORALES Date: MAY 22, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Name of Registrar) WILLIAM N. DE JUAN Address: CEBU CITY  
Name in Print: WILLIAM N. DE JUAN Date: JUN 12, 1999

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

