



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 18a.)

REMARKS/ANNOTATION

Province CEBU City/Municipality CEBU CITY Registrar No. 99 26197

1. NAME (First) (Middle) (Last)  
JOMAR FAMADOR

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

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU CITY MEDICAL CENTER, 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  
3000 grams

6. MAIDEN NAME (First) (Middle) (Last)  
LINDY HIPOLAN FAMADOR

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 NONE 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
PIT-OS, TALAMBAN, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)  
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

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

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 10:15 o'clock am/pm on the date stated above.

Signature Atree L. Arranzuez Address N. BACALSO AVENUE, CEBU CITY  
Name in Print Title or Position M.D. Date OCTOBER 10, 1999

20. INFORMANT  
Signature Lindy Famador Address PIT-OS, TALAMBAN, CEBU CITY  
Name in Print Relationship to the child MOTHER Date OCTOBER 10, 1999

21. PREPARED BY  
Signature Justina D. Claudio Address CEBU CITY  
Name in Print Title or Position Nurse Date OCTOBER 10, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature Agnes O. Donato Address CEBU CITY  
Name in Print Title or Position CLERK I Date OCT 29 1999

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9926197  
48  
49 50 10154  
56  
61  
62 64 010000  
68 69  
70 72 74 010100  
75 79 290 20  
81 000121  
86 87  
88 91  
93 NA  
94 10/29/99

04087-BB-400JLB-00451-B1001

BEST POSSIBLE IMAGE



BReN  
02217-A99UA13-5

Documentary  
Stamp Tax Paid

Carmelita N. Ericta  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office