

(Copy for CGRG)



Manila 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, 5a, 5b and 19a.)

Province CEBU Registry No. 2000 05765
City/Municipality CEBU CITY

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
JHUNFEL WAGAS CARTE
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
9 MARCH 2000

For OCRG USE ONLY:
Population Reference No.
2017-1300-914-5

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

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

5a. TYPE OF BIRTH 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) (first, second, third, etc.) THIRD
d. WEIGHT AT BIRTH 1,860 grams

41
48
49 50

6. MADDEN NAME (First) (Middle) (Last)
PROBE ANN VILLACERAN WAGAS

56

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

61

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 30 years

62 64

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
77- Sto. Nino PBN Housing Nivel, Lahug, Cebu City, Cebu

68 69

13. NAME (First) (Middle) (Last)
FELIX VILLAESTER CARTE JR.

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC
16. OCCUPATION GOV'T. EMPLOYEE 17. Age at the time of this birth: 33 years

70 72 74

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
OCTOBER 1, 1994 CEBU CITY

76 78

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify) _____

81

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:50 A.M. o'clock am/pm on the date stated above.

Signature Gora Quijano, M.D. Address CEBU PUER. CENTER & MATERNITY HOUSE INC. CEBU CITY
Name in Print GORA QUIJANO, M.D. Date MARCH 9, 2000
Title or Position PHYSICIAN

86 87

20. INFORMANT
Signature Probe Ann Canete Address 77- Sto. Nino PBN HOUSING, NIVEL LAHUG, CEBU CITY
Name in Print PROBE ANN CANETE Date MARCH 9, 2000
Relationship to the child MOTHER

88 91

21. PREPARED BY
Signature Stanley E. Libor
Name in Print STANLEY E. LIBOR
Title or Position CLERK
Date MARCH 9, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Lisa Grace S. Bersales
Name in Print LISA GRACE S. BERSALES
Title or Position CLERK I
Date MARCH 9, 2000

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94

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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

