





(Copy for OCRG)

Municipal Form NSO 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, 4b and 11e.)

Province Cebu Registry No. 2002 18955

City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
**KYLA MAE BONTILAO**

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)  
**13 June 2002**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
**VICENTE BOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU**

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

c. BIRTH ORDER (live births and total deaths including this delivery) 2ND d. WEIGHT AT BIRTH  
(First, second third, etc.) 2722 grams

6. MAIDEN NAME (First) (Middle) (Last)  
**ZENaida DABUJO BONTILAO**

7. CITIZENSHIP FILIPINO 8. RELIGION R.C.

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

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

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Loc. MANDAU 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 Physician 2 Nurse 3 Midwife  
X 4 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 8:45 P.M. o'clock am/pm on the date stated above.

Signature: \_\_\_\_\_ Address: VIMAC, CEBU CITY  
Name in Print: ROSALIE JARMILLA, M.D.  
Title or Position: MEDICAL OFFICER II Date: June 13, 2002

20. INFORMANT  
Signature: \_\_\_\_\_ Address: Loc. Mandau City  
Name in Print: ZENaida D. BONTILAO  
Relationship to the Informant: MOTHER Date: June 13, 2002

21. PREPARED BY  
Signature: \_\_\_\_\_  
Name in Print: MA TERESA O. ANICETO  
Title or Position: Nurse - S  
Date: June 13, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature: \_\_\_\_\_  
Name in Print: LOUELLAN DELITO  
Title or Position: Registration Officer II  
Date: 10L 05 2002

REMARKS/ANNOTATION

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84

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NO: 502434363948704D58E75E5F6A0D47E46A348539

MS. EDITOR R. O. ANITA, Civil Registrar General, 07/15/2011 01:55:02 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS (JOEL L. CUTARRA AND ZENaida D. BONTILAO) ON MAY 08, 2010 AT TALIBON, BOHOL. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: KYLA MAE BONTILAO CUTARRA

04218-7H-004DBR-00010-BI026  
BEST POSSIBLE IMAGE

BReN  
02217-B02MD1F-8

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

