Civil Registry Form No. 102
(Revised 1993)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE: Cebu

CITY/MUNICIPALITY: Cebu City

LOCAL CIVIL REGISTRY NO.: 90-1356

1. NAME: (First) CARREN MAE (Middle) SIMANGCA (Last) BASA

2. SEX (Place 'X' on appropriate answer): 1 Male X 2 Female

3. DATE OF BIRTH: (Day) 17 (Month) June (Year) 1990

4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street/barangay): Cebu Puer. ventera mat. House Ino. (City/Municipality) Cebu City (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer): X 1 Single ___ 2 Twin ___ 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Third, 4th etc

Mother

6. MAIDEN NAME: (First) IMELDA (Middle) (Last) SIMANGCA

7. NATIONALITY: FIL.

8. RELIGION: ROMAN CATHOLIC

Father

9. NAME: (First) CARLITO (Middle) CALLEDO (Last) BASA

10. NATIONALITY: FIL.

11. RELIGION: ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back): OCTOBER 19, 1986 Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 2:17 o'clock a.m./p.m. on the date stated above.

Signature: [signature]
Name in print: OPHELIA NADORES, M.D.
Title or position: Physician
Address: Cebu Puer. ventera mat. House Ino. Cebu City
Date: June 17 '90

14. INFORMANT

Signature: [signature]
Name in print: CARLITO CALLEDO BASA
Relationship to child: father
Address: corner A. Lopez st. Cebu City
Date: June 17 '90

15a. PREPARED BY

Signature: [signature]
Name in print: sonia m. cano
Title or position: clerk
Date: June 17 '90

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature: [signature]
Name in print:
Title or position:
Date: 7/9/90

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED 3090

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE: Cebu
CITY/MUNICIPALITY: Cebu City

Local Civil Registry No. (8) Registration Status (15)

Child

17. Weight at Birth (In grams): 3600 (16)

18. Birth Order of Child Ex. first, second, etc.: third (20)

19a. Total Number of Children Born Alive: 3 (22)

b. How many children are now living including this birth? 3 (24)

c. How many children were born alive but are now dead? 0 (26)

Mother

20. Usual Occupation: none (28)

21. Age at the time of this Birth: 22 (31)

22. Usual Residence (Barangay): corner A Lopez st. (City/Municipality): Cebu City (Province): Cebu (33)

Father

23. Usual Occupation: none (39)

24. Age at the time of this Birth: 30 (41)

25. Attendant of Birth (Place 'X' on appropriate answer): X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot ___ 5 Others (43)

RESERVE FOR BINDING

Sex (44)	Date of Birth (45)	Place of Birth (55)	Mother's Nationality (56)	Father's Nationality (57)

NAME OF CHILD

First (58)	M.I. (70)	Last (71)

BReN
02217-A90MH0H-5

Documentary
Stamp Tax Paid

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