Municipal Form No. 102—(Revised Dec. 2, 1973) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Cebu

City or Municipality: Cebu City

(a) Civil Registrar-General No.

(b) Local Civil Registrar No. 1151-82

CHILD

1. Place of Birth
   a. Province: Cebu
   b. City or Municipality: Cebu City
   c. Name of Hospital or Institution (If not in hospital, give street address): Saint Vincent Hsterunity
   d. Is Place of Birth Inside City Limits? Yes ☑ No ☐

2. Usual Residence of Mother (Where does mother live?)
   a. Province: Cebu
   b. City or Municipality: Cebu City
   c. Number and Street: 74 Manga Avenue Cebu City
   d. Is Residence Inside City Limits? Yes ☑ No ☐
   e. Is Residence on a Farm? Yes ☐ No ☑

3. Name (Type or print): First: Ma. Jesusa Corazon; Middle: Andaya; Last: Heraldo

4. Sex: F

5a. This Birth: Single ☑ Twin ☐ Triplet ☐

5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐

6. Date of Birth: Month March 5 Year 82

FATHER

7. Name: First: Jose; Middle: Bactung; Last: Heraldo

Religion: RC

8. Nationality: Filipino

9a. Race: Brown

9. Age (At time of this birth): Years 32

10. Birthplace: Malitbog, Leyte

11c. Usual Occupation: Businessman

11b. Kind of Business or Industry:

MOTHER

12. Maiden Name: First: Ofelia; Middle: Lokesoelem; Last: Andaya

Religion: RC

13. Nationality: Filipino

13a. Race: Brown

14. Age (At time of this birth): Years 29

15. Birthplace: Cebu City

16. Previous Deliveries to Mother (Do not include this birth)

a. How many children are now living? 3

b. How many other children were born alive but are now dead? 0

c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. Informant's Signature:

b. Name in Print: JOSE B HERALDE

c. Address: 74 Manga Ave. Cebu City

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) 74 Manga Avenue, Cebu City

19. ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born alive at 1:50 o'clock P.M. on the date above indicated.

a. Signature:

b. Name in Print: Dr. Alice M. Aguide

c. Address: c/o Saint Vincent and Hosp.

d. Date Signed by Attendant at Birth: March 5, 1982

e. Title of Attendant at Birth: ☑ M. D. ☐ Nurse ☐ Midwife ☐ Others (Specify)

20. Received in the Office of the Local Civil Registrar by:

a. Signature:

b. Name in Print:

c. Title or Position:

d. Date: 3/16/82

21. a. Given Name Added from Supplemental Report:

b. Date When Given Name was Supplied: March 5, 1982

22a. Length of Pregnancy: 36 Completed Weeks.

22b. Weight at Birth: 6 Lbs. 2 Oz.

23. Legitimate: ☑ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): (Month) March (Date) 29 (Year) 1975

City or Municipality: Cebu City Province: Cebu

25. This Certificate is Prepared by:

Signature:

Name in Print: Maria Concepcion Lopez

Title or Position: RN - BSN

Date: March 5, 1982

CERTIFIED TRUE COPY

SUBSCRIBED AND SWORN TO BEFORE ME THIS AUG 10 2018 AT BAYBAY CITY, LEYTE.

SUBSCRIBED AND SWORN TO BEFORE ME AT BAYBAY CITY, LEYTE.

JENNIFER A. BALBOA-CAHIG
PROSECUTOR

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

06355-57-400ASM-01536-BI009

BEST POSSIBLE IMAGE

BReN 02217-A82F50R-8

Documentary Stamp Tax Paid

T4000635540001536052620170O9