


Municipal 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 <b>CEBU</b>		Reg. No. <b>99-04586</b>		REMARKS/ANNOTATION
City/Municipality <b>CEBU CITY</b>				
1. NAME (First) (Middle) (Last) <b>CHRISTIAJ MARIE ESCALA LAO</b>				For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <b>9904586</b> 48 <b>1</b> 49 <b>2</b> 50 <b>180277</b> 56 <b>72172</b> 61 <b>1</b> 62 <b>1</b> 63 <b>2</b> 64 <b>50</b> 66 <b>1</b> 68 <b>1</b> 70 <b>04</b> 72 <b>04</b> 74 <b>00</b> 76 <b>290</b> 79 <b>32</b> 81 <b>72172</b> 84 <b>1</b> 87 <b>1</b> 3400 83 <b>332</b> 91 <b>4</b> 93 <b>1</b> 29/17/88 22/78 94 <b>1</b> 03/05/99
2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>16 FEBRUARY 1999</b>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <b>CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU</b>				
5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 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.) <b>4TH</b>		d. WEIGHT AT BIRTH <b>3450</b> grams		
6. MAIDEN NAME (First) (Middle) (Last) <b>ELVIRA RELATOS ESCALA</b>				
7. CITIZENSHIP <b>FILIPINO</b>		8. RELIGION <b>ROMAN CATHOLIC</b>		
9a. Total number of children born alive: <b>4</b>		b. No. of children still living including this birth: <b>4</b>		
c. No. of children born alive but are now dead: <b>0</b>				
10. OCCUPATION <b>NONE</b>		11. Age at the time of this birth: <b>32</b> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>254 Q. DACLAN COMPD., PUNTA PRINCESA, CEBU CITY, CEBU</b>				
13. NAME (First) (Middle) (Last) <b>CHRISTOPHER BEBITA LAO</b>				
14. CITIZENSHIP <b>FILIPINO</b>		15. RELIGION <b>ROMAN CATHOLIC</b>		
16. OCCUPATION <b>COMP. OPERATOR</b>		17. Age at the time of this birth: <b>34</b> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>SEPTEMBER 17, 1988, LOURDES PARISH, CEBU CITY</b>				
19a. ATTENDANT 1 Physician <input checked="" type="checkbox"/> 2 Nurse 4 Midwife <input checked="" type="checkbox"/> 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>10:10</b> o'clock am/pm on the date stated above. Signature <i>Louis G. Espino</i> Address <b>M. BACALSO AVENUE, CEBU CITY</b> Name in Print <b>MA. CECILITO D. ESPERON</b> Date <b>FEBRUARY 16, 1999</b> Title or Position <b>M.D.</b>				
20. INFORMANT Signature <i>Elvira S. Lao</i> Address <b>254 Q. DACLAN COMPD., PUNTA PRINCESA, CEBU CITY</b> Name in Print <b>ELVIRA LAO</b> Date <b>FEBRUARY 16, 1999</b> Relationship to the child <b>MOTHER</b>				
21. PREPARED BY Signature <i>Josina D. Claudio</i> Name in Print <b>JOSINA D. CLAUDIO</b> Title or Position <b>D.R. NURSE</b> Date <b>FEBRUARY 16, 1999</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Louella N. De Jito</i> Name in Print <b>LOUELLA N. DE JITO</b> Title or Position <b>REGISTRATION OFFICER</b> Date <b>3/5/99</b>		

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BEST POSSIBLE IMAGE


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AM300530510

BReN  
02217-A99DGON-9

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

