

MUNICIPAL FORM NO. 102—(Revised, July, 1956)



## CERTIFICATE OF LIVE BIRTH

(To be accomplished in Duplicate)

 Province: Cebu  
 City or Municipality: Sanatitan

Register Number:

(a) Civil Registrar General No.

(b) Local Civil Registrar No. 228

|                                                                                                                 |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF BIRTH<br>a. PROVINCE <u>Cebu</u>                                                                    | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. PROVINCE <u>Cebu</u>                          |
| b. CITY, TOWN, OR LOCATION <u>Sanatitan, Cebu</u>                                                               | b. CITY, TOWN, OR LOCATION <u>Sanatitan</u>                                                                |
| c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Home Matamoros San. Cebu</u>    | d. DATE AND PLACE OF MARRIAGE (For legitimate birth) <u>Sept. 3, 1943 - Sanatitan, Cebu</u>                |
| e. IS PLACE OF BIRTH INSIDE CITY LIMITS?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | f. IS RESIDENCE INSIDE CITY LIMITS?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                                                                            |                      |                                                                                                                             |                                                                                                                             |                                                         |
|--------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. NAME (Type or print)<br>First <u>EMELIA</u> Middle <u>ROMANILLOS</u> Last <u>ACUEDO</u> | 4. SEX <u>Female</u> | 5a. THIS BIRTH<br>Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET, WAS CHILD<br>1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 6. DATE OF BIRTH Month Day Year<br><u>Nov. 26, 1961</u> |
|--------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|

|                                                                                        |                                  |                                                |                                       |                                     |                                             |
|----------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------------|
| 7. NAME (Type or print)<br>First <u>Andres</u> Middle <u>Pancho</u> Last <u>Acueto</u> | 8. NATIONALITY <u>Philippine</u> | 9. AGE (At time of this birth) <u>38</u> Years | 10. BIRTHPLACE <u>Sanatitan, Cebu</u> | 11. USUAL OCCUPATION <u>Teacher</u> | 12. KIND OF BUSINESS OR INDUSTRY <u>GOV</u> |
|----------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------------|

|                                                                                      |                                   |                                                 |                                       |                                                               |
|--------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------|---------------------------------------------------------------|
| 12. MOTHER'S NAME<br>First <u>Susana</u> Middle <u>Acueto</u> Last <u>Romanillos</u> | 13. NATIONALITY <u>Philippine</u> | 14. AGE (At time of this birth) <u>35</u> Years | 15. BIRTHPLACE <u>Sanatitan, Cebu</u> | 16. PREVIOUS DELIVERIES TO MOTHER (Do Not Include this Birth) |
|--------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------|---------------------------------------------------------------|

|                                                      |                                              |                                      |                                                       |                                                                            |                                                                                          |
|------------------------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 17a. INFORMANT'S SIGNATURE: <u>Susana Romanillos</u> | 17b. NAME IN PRINT: <u>SUSANA ROMANILLOS</u> | 17c. ADDRESS: <u>Sanatitan, Cebu</u> | 17d. How many other children are now living? <u>7</u> | 17e. How many other children were born alive but are now dead? <u>none</u> | 17f. How many fetal deaths (fetuses born dead at any time after conception)? <u>none</u> |
|------------------------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                              |                                                                               |                                          |                                         |                                     |                                                                                                                                  |                                     |
|------------------------------|-------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 18. MOTHER'S MAILING ADDRESS | 19. I hereby certify that this child was born alive on the date stated above. | 20a. SIGNATURE <u>Melencio P. Atillo</u> | 20b. NAME IN PRINT <u>MELEAD ATILLO</u> | 20c. ADDRESS <u>Sanatitan, Cebu</u> | 20d. ATTENDANT AT BIRTH<br>M.D. <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> Other (Specify) <u>None</u> | 20e. DATE SIGNED <u>Dec 1, 1961</u> |
|------------------------------|-------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

|                                            |                                                               |                                                                   |
|--------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|
| 19. DATE RECEIVED BY LOCAL CIVIL REGISTRAR | 20a. REGISTRAR'S SIGNATURE<br>a. NAME IN PRINT<br>c. POSITION | 21. DATE OF BIRTH GIVEN NAME ADDED (Registered)<br>By (Registrar) |
|--------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|

|                                                                      |                               |                                                                                       |
|----------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------|
| FOR MEDICAL AND HEALTH USE ONLY<br>(This section must be filled out) |                               |                                                                                       |
| 22a. LENGTH OF PREGNANCY (Completed Weeks)                           | 22b. WEIGHT AT BIRTH lbs. oz. | 23. LEGITIMATE<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

(Space for addition of Medical and Health Items for special purposes)

The notification of birth must be given or the certificate be sent to the Local Civil Registrar of the city, municipality or municipal district where the child was born within 30 days from the date of birth. Failure to do so is punishable by a fine of not less than P10 nor more than P100. (Act 8163, sections 5 and 17.)

TO BE FILLED ACCURATELY

REMARKS: THE CHILD'S FIRST NAME IS HEREBY CHANGED FROM EMELIA TO CARMELA PURSUANT TO THE DECISION OF MCR CARLITO P. JOMUAD ON JANUARY 26, 2004 IN ACCORDANCE WITH RA 9048.

CERTIFIED CORRECT:

MA. FE. T. ASUNCION

Clerk II

01-26-06

04142-56-402MAA-00516-BI001

BEST POSSIBLE IMAGE



T402041424020051605052011001

ZG500146186

BReN

02225-A61XS01-9

Documentary  
Stamp Tax Paid

CARMELITA N. ERICTA

 Administrator and Civil Registrar General  
 National Statistics Office