



Municipal Form No. 102
Revised January 2007

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

to be accomplished in quadruplicate using blue ink

CERTIFICATE OF LIVE BIRTH

Province	CEBU	Registry No.	20120203
City/Municipality	CEBU CITY		

CHILD	1. NAME (First) (Middle) (Last) GRIZIA RAIN GENTICA LABRADA		
	2. SEX (Male/Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 25 DECEMBER 2011	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) MARGARITA BIRTHING CENTER, CEBU CITY, CEBU		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2050 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) ANALIA GUY BAYAWA GENTICA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEKEEPER
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) STO. NIÑO, GUIZO, MANDAUE CITY, CEBU, PHILIPPINES			12. AGE at the time of this birth (completed years) 19

FATHER	14. NAME (First) (Middle) (Last) NEIL RANILE LABRADA		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION MERCHANTISER		18. AGE at the time of this birth (completed years) 25
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) STO. NIÑO, GUIZO, MANDAUE CITY, CEBU, PHILIPPINES		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City/Municipality) (Province) (Country) N/A
21a. ATTENDANT 1. Physician _____ 2. Nurse <input checked="" type="checkbox"/> 3. Midwife _____ 4. Hilot (Traditional Birth Attendant) _____ 5. Others (Specify) _____	

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I, hereby certify that I attended the birth of the child who was born alive at **1:48 AM** on the date of birth specified above.

Signature: *[Signature]* Address: **98-J GORORDO AVENUE, KAMPUTHAW, CEBU CITY, CEBU**

Name in Print: **MARGARITA F. BUHAC** Date: **DECEMBER 25, 2011**

Title or Position: **REGISTERED MIDWIFE**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: *[Signature]* Name in Print: **ANALIA GUY B. GENTICA**

Relationship to the Child: **MOTHER** Address: **MANDAUE CITY, CEBU**

Date: **DECEMBER 25, 2011**

23. PREPARED BY

Signature: *[Signature]* Name in Print: **KEVIN CHAD B. PANUNCILLO**

Title or Position: **REGISTERED NURSE** Date: **DECEMBER 25, 2011**

24. RECEIVED BY

Signature: *[Signature]* Name in Print: **RIDOLFO P. YBANEZ**

Title or Position: **ADMINISTRATIVE AIDE I** Date: **JAN 03 2012**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature: *[Signature]* Name in Print: **OSCAR B. MOLO**

Title or Position: **ASSISTANT CITY CIVIL REGISTRAR** Date: **JAN 03 2012**

REMARKS/ANNOTATIONS (For LERO/CRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	10	11	12	13	14	15	16	17	18	19
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AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We NEIL RANILE LABRADA and AMALIA GUY BAYAWA GENTICA
of legal age, am/are the natural mother and/or father of CRIZIA RAIN G. LABRADA, who was
born on DECEMBER 25, 2011 at MARGARITA BIRTHING CENTER, CEBU CITY, CEBU

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

NEIL R. LABRADA AMALIA GUY B. GENTICA
(Signature Over Printed Name of Father) (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this Jan 03 2012 day of _____ by
and _____ who exhibited to me (his/her)
Community Tax Certificate No. 9817081 issued on 8/21/2011 at _____

JEFFREY P. NOLAN
NOTARY PUBLIC
UNTIL DECEMBER 2, 2011
Signature of the Notary Public
OFFICE NO. SP132713 CEBU CITY
TELEPHONE NO. 0522222222
JOC. NO. 766
PAGE NO. 61
BOOK NO. 1
Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, _____ of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of
 my birth in _____ on _____
 the birth of _____ who was born in _____
 on _____
- That the/she was attended at birth by _____ who resides at _____
- That I am/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but the/she was acknowledged/not acknowledged by my/his/her
 father whose name is _____
- That the reason for the delay in registering my/his/her birth was _____
- (For the applicant only) That I am married to _____
 (If the applicant is other than the document owner) That I am the _____ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
Philippines, affiant who exhibited to me his Community Tax Cert
issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address