



Municipal Form No. 102  
Revised January 2007

(1) accomplished in quadruplicate using black ink

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. **2013 17431**  
City/Municipality CEBU CITY

**CHILD**

1. NAME (First) AARON PRINCE (Middle) MARTUS (Last) ERESTINGCOL  
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 07 (Month) JUNE (Year) 2013  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
ST. ANTHONY MOTHER & CHILD HOSPITAL, BASAK, SAN NICOLAS, CEBU CITY, CEBU  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)  
5c. BIRTH ORDER (order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND 6. WEIGHT AT BIRTH 3000 grams

**MOTHER**

7. MAIDEN NAME (First) MARY RUBY ANN (Middle) LABAY (Last) MARTUS  
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC  
10a. Total number of children born alive 2 10b. No. of children still living including this birth 2 10c. No. of children born alive but are now dead 0 11. OCCUPATION NONE 12. AGE at the time of this birth (completed years) 20  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
B. ARANAS, SAN NICOLAS PROPER CEBU CITY CEBU PHILIPPINES

**FATHER**

14. NAME (First) MARK JAY (Middle) LAYAM (Last) ERESTINGCOL  
16. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION CASHIER 18. AGE at the time of this birth (completed years) 21  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
B. ARANAS, SAN NICOLAS PROPER CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21a. ATTENDANT  
 1 Physician  2 Nurse  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 12:11 A.M. am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address SAMOH - BASAK, SAN NICOLAS  
Name in Print DR. SHEILA MARIE O. LABAYA CEBU CITY, CEBU  
Title or Position Medical Officer III Date JUNE 07, 2013

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature \_\_\_\_\_  
Name in Print MARY RUBY ANN L. MARTUS  
Relationship to the Child Mother  
Address B. Aranas San Nicolas Proper, Cebu City, Cebu  
Date June 07, 2013

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print ZENaida V. LEPTEN  
Title or Position Nursing Attendant  
Date June 07, 2013

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print LUZ N. CUGAY  
Title or Position Administrative Aide III  
Date JUN 14 2013

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print OSCAR B. MOLO  
Title or Position Asst. City Civil Registrar  
Date JUN 14 2013

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19