



Municipal Form No. 102  
(Revised January 2007)

accomplished in quadruplicate using black ink

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

Province **CEBU** Registry No. **2015 19534**  
City/Municipality **CEBU CITY**

**CHILD**  
1. NAME (First) **AIZEN KING** (Middle) **MARTUS** (Last) **ERESTINGCOL**  
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **06** (Month) **JULY** (Year) **2015**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**SANT 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.) **N. A.** 5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) **THIRD** 6. WEIGHT AT BIRTH **3100** 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 **3** 10b. No. of children still living including the birth **3** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **CALL CENTER AGENT** 12. AGE at the time of this birth (completed years) **22**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**88 B. ARANAS ST., SAN NICOLAS CENTRAL, CEBU CITY CEBU PHILIPPINES**

**FATHER**  
14. NAME (First) **MARK JAY** (Middle) **LAYAM** (Last) **ERESTINGCOL**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **UNEMPLOYED** 18. AGE at the time of this birth (completed years) **23**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**88 B. ARANAS ST., SAN NICOLAS CENTRAL, CEBU 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) **NOT MARRIED**

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 **08:03 P.M.** am/pm on the date of birth specified above.

Signature *[Signature]* Address **SANCHO - BASAK SAN NICOLAS**  
Name in Print **DR. MARIA ELENA B. PATALINGHUG** **CEBU CITY, CEBU**  
Title or Position **Medical Officer III** Date **JULY 06, 2015**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature *[Signature]* 23. PREPARED BY  
Name in Print **MARY RUBY ANN L. MARTUS** Signature *[Signature]*  
Relationship to the Child **Mother** Name in Print **JUVY MAE O. AUGUSTO**  
Address **88 B. Aranas St., San Nicolas Central, Cebu City, Cebu** Title or Position **Nurse I**  
Date **July 06, 2015** Date **July 06, 2015**

24. RECEIVED BY  
Signature *[Signature]* 25. REGISTERED BY THE CIVIL REGISTRAR  
Name in Print **LUZ N. CUGAY** Signature *[Signature]*  
Title or Position **ADMINISTRATIVE AIDE II** Name in Print **HENRY P. TOMALABCAD**  
Date **16 JUL 2015** Title or Position **ASST. CITY CIVIL REGISTRAR**  
Date **16 JUL 2015**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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BEST POSSIBLE IMAGE

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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Office, Civil Registrar General