



Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

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

Province **CEBU** Registry No. **2020 03317**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) **RAIDEN DHRAEXNIÑO** (Middle) **BRAGAT** (Last) **PARNES**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **18** (Month) **JANUARY** (Year) **2020**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) **SAINT 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) **SECOND** 6. WEIGHT AT BIRTH **3100** grams

MOTHER
7. MAIDEN NAME (First) **DHERA CEDALE** (Middle) **LACNO** (Last) **BRAGAT**
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) **731 - N. BACALSO AVENUE, MAMBALING CEBU CITY CEBU PHILIPPINES**

FATHER
14. NAME (First) **ROYAL VINCE** (Middle) **PALABRICA** (Last) **PARNES**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **21**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **731 - N. BACALSO AVENUE, MAMBALING 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 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, etc.)
I hereby certify that I attended the birth of the child who was born alive at **12:19 P.M.** am/pm on the date of birth specified above.
Signature *[Signature]* Address **SAMCH - BASAK SAN NICOLAS**
Name in Print **DR. PATRICIA JANE L TAN** **CEBU CITY, CEBU**
Title or Position **Contractual Medical Officer III** Date **JANUARY 18, 2020**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *[Signature]* Signature *[Signature]*
Name in Print **DHERA CEDALE L BRAGAT** Name in Print **VIRNA M. DURANO**
Relationship to the Child **Mother** Title or Position **Nurse II**
Address **731 - N. Bacalso Avenue, Mambaling, Cebu City, Cebu** Date **January 18, 2020**

24. RECEIVED BY
Signature *[Signature]* Signature *[Signature]*
Name in Print **LUZ N. CUGAY** Name in Print **ATTY. EMMELINE T. ABAYAO**
Title or Position **Administrative Aide III** Title or Position **CEBU CITY CIVIL REGISTRAR**
Date **FEB 03 2020** Date **FEB 03 2020**

REMARKS/ANNOTATIONS (For LCR/ICRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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[Signature]

CLAIRE DENNIS S. NARA, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

888-888-8888



Municipal Form No. 102
(Revised August 2016)

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

(To be accomplished in quadruplicate using black ink)

Province CEBU Registry No. 2018 29873
City/Municipality CEBU CITY

CHILD
1. NAME (First) (Middle) (Last)
RAVEN DHEXIENESSE BRAGAT PARNES
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)
25 OCTOBER 2018
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., St., Barangay) (City/Municipality) (Province)
SAINT ANTHONY MOTHER and 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2900 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
DHERA CEDALE LACNO BRAGAT
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 NONE 12. AGE at the time of this birth (completed years) 19
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BULACAO TALISAY CITY CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
ROYAL VINCE PALABRICA PARNES
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 20
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BULACAO TALISAY CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment (Admission of Paternity at the birth).)
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, etc.)
I hereby certify that I attended the birth of the child who was born alive at 08:16 AM on the date of birth specified above.
Signature [Signature] Address SAMCH - BASAK SAN NICOLAS
Name in Print DR. DANICA F. LIM CEBU CITY, CEBU
Title or Position Contractual Medical Officer III Date OCTOBER 25, 2018

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 DHERA CEDALE L. BRAGAT
Relationship to the Child Mother
Address Bulacao, Talisay City, Cebu
Date October 25, 2018

23. PREPARED BY
Signature [Signature]
Name in Print LYNETTE ABUZO
Title or Position Nurse II
Date October 25, 2018

24. RECEIVED BY
Signature [Signature]
Name in Print LUZ N. CUGAY
Title or Position Administrative Aide III
Date NOV 12 2018

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print PHILIP A. WESADON
Title or Position REGISTRATION OFFICER II
Date NOV 12 2018

REMARKS/ANNOTATIONS (For LDR/DICRG Use Only)

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CSM
CLARE DENNIS S. MARK, Ph.D.
National Registrar and Civil Registrar General
Philippine Statistics Authority

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