



Municipal Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		3 accomplished in quadruplicate using black ink)		
Province CEBU			Registry No.			
City/Municipality CEBU CITY			2012 30648			
CHILD	1. NAME (First) CEDRIC VAUGHN (Middle) MANIGOS (Last) CLAR					
	2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) 5 (Month) OCTOBER (Year) 2012			
	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.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) 1	6. WEIGHT AT BIRTH 3250 grams	
MOTHER	7. MAIDEN NAME (First) EMELY (Middle) ALENTON (Last) MANIGOS					
	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	12. AGE at the time of this birth (completed years) 19	
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SECTOR 4, BAS-PAGSABUNGAN, MANDAUE CITY, CEBU, PHILIPPINES					
FATHER	14. NAME (First) JASPER (Middle) CABALLERO (Last) CLAR					
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION CALL CENTER AGENT	18. AGE at the time of this birth (completed years) 22	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SECTOR 4, BAS-PAGSABUNGAN, 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 <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 4:36 AM am/pm on the date of birth specified above.						
Signature <i>Margarita F. Codera</i> Name in Print MARGARITA F. CODERA Title or Position REGISTERED MIDWIFE			Address 98-J GORORDO AVENUE, KAMPUTHAW, CEBU CITY, CEBU Date OCTOBER 5, 2012			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.			23. PREPARED BY			
Signature <i>Emely A. Manigos</i> Name in Print EMELY A. MANIGOS Relationship to the Child MOTHER Address MANDAUE CITY, CEBU Date OCTOBER 5, 2012			Signature <i>Kevin Chad B. Panuncillo</i> Name in Print KEVIN CHAD B. PANUNCILLO Title or Position REGISTERED NURSE Date OCTOBER 5, 2012			
24. RECEIVED BY Signature <i>Ridolito P. Ybanez</i> Name in Print RIDOLITO P. YBAÑEZ Title or Position ADMINISTRATIVE AIDE I Date OCT 12 2012			25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>Oscar B. Moalo</i> Name in Print OSCAR B. MOALO Title or Position ASSISTANT CITY CIVIL REGISTRAR Date OCT 12 2012			
REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)						
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR						
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BEST POSSIBLE IMAGE



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Stamp Tax Paid*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority