



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

accomplished in quadruplicate using black ink)

Province CEBU		Registry No. 2017 12945		
City/Municipality CEBU CITY				
C H I L D	1. NAME (First) (Middle) (Last) EUAN ANGELO GANTUANGCO CHUA			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 18 MAY 2017		
	4. PLACE OF BIRTH (Name of Hospital/Clinical institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of the birth to previous live birth including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2,700 grams
M O T H E R	7. MAIDEN NAME (First) (Middle) (Last) MONALIZA COMETA GANTUANGCO			
	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 NURSE II
	12. AGE at the time of this birth (completed years) 30			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 91 F. LLAMAS ST. PUNTA PRINCESA, CEBU CITY, CEBU, PHILS.				
F A T H E R	14. NAME (First) (Middle) (Last) EUGENE MANCAO CHUA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION MEMBER SUPPORT		18. AGE at the time of this birth (completed years) 30	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 91 F. LLAMAS ST. PUNTA PRINCESA, CEBU CITY, CEBU, PHILS.			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) JANUARY 18, 2016		20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY, CEBU, PHILS.		
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input 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 04:15 AM , am/pm on the date of birth specified above.				
Signature _____ Name in Print EUFEMIA C. PANGAN, M.D. Title or Position PHYSICIAN		Address CEBU PUER- CNTR & MATERNITY HOUSE, INC., CEBU CITY Date 18 MAY 2017		
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 MONALIZA G. CHUA Relationship to the Child MOTHER Address PUNTA PRINCESA, CEBU CITY, CEBU Date 18 MAY 2017		23. PREPARED BY Signature _____ Name in Print ANGELI P. CATALAN Title or Position CLERK Date 18 MAY 2017		
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 24 MAY 2017		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print ATTY. EVANGELINE T. ABATAYO Title or Position CEBU CITY CIVIL REGISTRAR Date 24 MAY 2017		
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	

06519-3D-400MCP-01339-BI001

BEST POSSIBLE IMAGE

BReN
02217-B17J0A-5

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.