

Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Registry No.  
**2013 12633**

Province CEBU

City/Municipality CEBU CITY (Last) PACA

1. NAME (First) MIRIELLE BRIDGETTE (Middle) CABARON (Last) PACA (Year) 2013

2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 18 (Month) APRIL (Province) PHILIPPINES

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU CITY MEDICAL CENTER 5c. BIRTH ORDER (Order of this birth to previous live births including fetal deaths) (First, Second, Third, etc.) 2ND 6. WEIGHT AT BIRTH 3100 grams

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)

7. MAIDEN NAME (First) MIRASOL (Middle) PELLERIN (Last) CABARON

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 HOUSEWIFE 12. AGE at the time of this birth (completed years) 25

13. RESIDENCE (House No., St., Barangay) 108-N BACALSO AVE. SAN NICOLAS (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

14. NAME (First) CHRISTIAN (Middle) CENIZA (Last) PACA

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION ENCODER 18. AGE at the time of this birth (completed years) 25

19. RESIDENCE (House No., St., Barangay) 108-N BACALSO AVE. SAN NICOLAS (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) OCTOBER 30 2008 20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY CEBU PHILIPPINES

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 6:47pm am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address N. BACALSO AVENUE  
Name in Print LYNDEL NISNISAN CEBU CITY  
Title or Position M.D. Date APRIL 18, 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 CHRISTIAN C. PACA  
Relationship to the Child FATHER  
Address 108-N BACALSO AVE. SAN NICOLAS  
Date APRIL 18, 2013

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print ERLINDA S. TABUYAN  
Title or Position CLERK  
Date APRIL 18, 2013

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print RIDOLITO P. YBANEZ  
Title or Position Administrative Aide I  
Date APR 30 2013

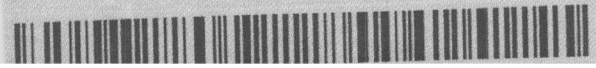
25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print OSCAR B. MOLO  
Title or Position Assistant City Civil Registrar  
Date APR 30 2013

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority







REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

LOCAL CIVIL REGISTRY NO. 87-117

PROVINCE Cebu

MUNICIPALITY Cebu City

1. NAME (First) MIRASOL (Middle) PELLERIN (Last) CABARON

2. SEX (Place 'X' on appropriate answer)  
1 Male X 2 Female

3. DATE OF BIRTH (Day) 3 (Month) 2 (Year) 1987  
(City/Municipality) Cebu (Province) Cebu

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/d barangay)  
Cebu City Medical Center

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
X 1 Single 2 Twin 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS  
1 First 2 Second 3 Third Bth. etc

6. MAIDEN NAME (First) Cecilia (Middle) Mata (Last) Pellerin

7. NATIONALITY Phil. 8. RELIGION RC

9. NAME (First) Felicitas (Middle) Tejano (Last) Cabaron Jr.

10. NATIONALITY Phil. 11. RELIGION RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, an Affidavit of Acknowledgment at the back)  
Oct. 27, 1977 Cebu City

CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born above at 2:55 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address CGMO  
Name in print ANTONIO MAGALAN Date 5-2-87  
Title or position Midw.

INFORMANT  
Signature [Signature] Address 108 Rizal Ave.  
Name in print CECILIA CABARON Date \_\_\_\_\_  
Relationship to child Mother

PREPARED BY  
Signature [Signature] RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Name in print PRIME TUL ID 1170  
Title or position CGMO Clerk  
Date 5-5-87

13. INFORMATION GIVEN IN SUPPLEMENTAL REPORT a. DATE WHEN INFORMATION WAS SUPPLIED

Informant should also provide information for items 17 to 25. The code boxes are to be filled

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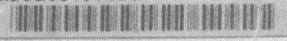
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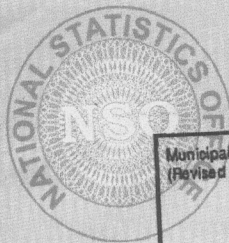
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[Signature]  
CARMELITA N. ERICTA

Administrator and Civil Registrar General  
National Statistics Office





(Copy for OCRG)

(To be accomplished in quadruplicate)

Municipal Form No. 102  
(Revised January 1993)

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 20090763  
City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>MIRIAN SHARPAY CABARON PAGA</u>		For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41 [ ] [ ] [ ] [ ] [ ] [ ]  48 [ ]  49 50 [ ] [ ] [ ] [ ] [ ] [ ]  56 [ ] [ ] [ ] [ ] [ ] [ ]  61 [ ]  62 64 [ ] [ ] [ ] [ ] [ ] [ ]  68 69 [ ] [ ]  70 72 74 [ ] [ ] [ ] [ ] [ ] [ ]  78 79 [ ] [ ] [ ] [ ] [ ] [ ]  81 [ ] [ ] [ ] [ ] [ ] [ ]  86 87 [ ] [ ]  88 91 [ ] [ ] [ ] [ ] [ ] [ ]  93 [ ]  94 [ ]	
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>10 DECEMBER 2008</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1ST</u> (first, second, third, etc.)			d. WEIGHT AT BIRTH <u>3250</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MIRASOL PELLERIN CABARON</u>			
	7. CITIZENSHIP <u>FIL.</u>			8. RELIGION <u>R.C.</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>NONE</u>			11. Age at the time of this birth: <u>21</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>N. BAGALSO AVENUE CEBU CITY CEBU</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>CHRISTIAN GINEZA PAGA</u>			
	14. CITIZENSHIP <u>FIL.</u>			15. RELIGION <u>R.C.</u>
	16. OCCUPATION <u>NONE</u>			17. Age at the time of this birth: <u>21</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>OCTOBER 30, 2008 CEBU CITY</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:55 pm</u> a'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Address <u>N. BAGALSO AVENUE CEBU CITY</u>		Name in Print <u>VIRGIE SULLANO</u> Date <u>DECEMBER 10, 2008</u>		
Title or Position <u>M.D.</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>N. BAGALSO AVENUE CEBU CITY</u>		Name in Print <u>CHRISTIAN PAGA</u> Date <u>DECEMBER 10, 2008</u>		
Relationship to the child <u>FATHER</u>				
21. PREPARED BY Signature <u>[Signature]</u> Address _____		Name in Print <u>OSCAR B. ANGLU</u> Date _____		
Name in Print <u>BRILINDA S. TABUAN</u> Title or Position _____		Name in Print <u>REGISTRATION OFFICER IV</u> Title or Position _____		
Date <u>DECEMBER 10, 2008</u>		Date _____		

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*Carmelita N. ERICTA*  
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Administrator and Civil Registrar General  
National Statistics Office

