



Municipal Form No. 102
(Revised August 2018)

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

(To be accomplished in quadruplicate using black ink)

Province <u>GEBU</u>	Registry No. 2019-192
City/Municipality <u>MADRIDEJOS</u>	

CHILD	1. NAME (First) <u>GEDEL MAE</u> (Middle) <u>LOCAYLOCAY</u> (Last) <u>LOCAYLOCAY</u>		
	2. SEX (Male / Female) <u>FEMALE</u>		
	3. DATE OF BIRTH (Day) <u>19</u> (Month) <u>SEPTEMBER</u> (Year) <u>1998</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>MALBAGO MADRIDEJOS CEBU</u>		
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>SECOND</u>	6. WEIGHT AT BIRTH <u>3175</u> grams

MOTHER	7. MAIDEN NAME (First) <u>MARIA MERCY</u> (Middle) <u>SIPALAY</u> (Last) <u>LOCAYLOCAY</u>				
	8. CITIZENSHIP <u>FILIPINO</u>	9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>			
	10a. Total number of children born alive <u>2</u>	10b. No. of children still living including this birth <u>2</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>HOUSEWIFE</u>	12. AGE at the time of this birth (completed years) <u>26</u>
	13. RESIDENCE (House No., St., Barangay) <u>MALBAGO</u> (City/Municipality) <u>MADRIDEJOS</u> (Province) <u>CEBU</u> (Country) <u>PHILIPPINES</u>				

FATHER	14. NAME (First) <u>UNKNOWN</u> (Middle) <u>UNKNOWN</u> (Last) <u>UNKNOWN</u>			
	15. CITIZENSHIP <u>NOT APPLICABLE</u>	16. RELIGION/RELIGIOUS SECT <u>NOT APPLICABLE</u>	17. OCCUPATION <u>NOT APPLICABLE</u>	18. AGE at the time of this birth (completed years) <u>N/A</u>
	19. RESIDENCE (House No., St., Barangay) <u>NOT APPLICABLE</u> (City/Municipality) <u>NOT APPLICABLE</u> (Province) <u>NOT APPLICABLE</u> (Country) <u>NOT APPLICABLE</u>			

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

20a. DATE (Month) (Day) (Year) <u>NOT APPLICABLE</u>	20b. PLACE (City / Municipality) (Province) (Country) <u>NOT APPLICABLE</u>
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife X 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 _____ am/pm on the date of birth specified above.

Signature DECEASED Address _____

Name in Print ANASTACIA SANTILLAN

Title or Position HILOT Date _____

22. CERTIFICATION OF INFORMANT	23. PREPARED BY
I hereby certify that all information supplied are true and correct to my own knowledge and belief.	
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>
Name in Print <u>GEDEL MAE LOCAYLOCAY</u>	Name in Print <u>FLORY B. TORNEA</u>
Relationship to the Child <u>REGISTRANT</u>	Title or Position <u>ADMIN AIDE VI</u>
Address <u>MALBAGO, MADRIDEJOS, CEBU</u>	Date <u>APRIL 12, 2019</u>
Date <u>APRIL 12, 2019</u>	

24. RECEIVED BY	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>
Name in Print <u>THERESA N. FARIOLA</u>	Name in Print <u>MONTANO J. ALOB</u>
Title or Position <u>CLERK II</u>	Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>
Date <u>APRIL 12, 2019</u>	Date <u>APRIL 12, 2019</u>

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) **Date Approved: April 25, 2019**

DELAYED REGISTRATION

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19											
0	1	0	8	5	1	3	6	0	8	0	2	2	2	8	+	+	+	+

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BEST POSSIBLE IMAGE



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BReN
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Documentary
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CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority