



Municipal Form No. 102
(Revised January 2007)

accomplished in quadruplicate using black ink)

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

| | | | | |
|---|--|---|---|--------------------------------------|
| Province CEBU | | Registry No. 2015 27241 | | |
| City/Municipality CEBU CITY | | | | |
| CHILD | 1. NAME (First) AVYANNA KAIEL FRANCEZ (Middle) ESTIMO (Last) PAGAL | | | |
| | 2. SEX (Male / Female) FEMALE | 3. DATE OF BIRTH (Day) 22 (Month) September (Year) 2015 | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ Home No., St., Barangay) (City/Municipality) (Province) CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., 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 3000 grams |
| MOTHER | 7. MAIDEN NAME (First) KATHLEEN MICHELLE (Middle) ALQUIZOLA (Last) ESTIMO | | | |
| | 8. CITIZENSHIP FILIPINO | | 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC | |
| | 10a. Total number of children born alive ONE | 10b. No. of children still living including this birth ONE | 10c. No. of children born alive but are now dead NONE | 11. OCCUPATION HOUSEWIFE |
| | 12. AGE at the time of this birth (completed years) 22 | | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) F. PARAS ST., POBLACION, BARILI, CEBU | |
| FATHER | 14. NAME (First) ARIEL (Middle) DIONSON (Last) PAGAL | | | |
| | 15. CITIZENSHIP FILIPINO | | 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC | |
| | 17. OCCUPATION OFW | | 18. AGE at the time of this birth (completed years) 27 | |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) F. PARAS ST., POBLACION, BARILI, CEBU | | | |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back) | | | | |
| 20a. DATE (Month) (Day) (Year) March 18 2015 | | 20b. PLACE (City / Municipality) (Province) (Country) BARILI, CEBU | | |
| 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 10:30 PM am/pm on the date of birth specified above. | | | | |
| Signature <i>Cora L. Quijano MD</i> Name in Print QUIJANO, CORA LUMAPAS, M.D. Title or Position ATTENDING PHYSICIAN | | Address C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU Date September 25, 2015 | | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>Kathleen Estimo Pagal</i> Name in Print KATHLEEN MICHELLE ESTIMO PAGAL Relationship to the Child MOTHER Address F. PARAS ST., POBLACION, BARILI, CEBU Date September 25, 2015 | | 23. PREPARED BY Signature <i>Esger Obcial Hernaiz</i> Name in Print ESGER OBCIAL HERNAEZ Title or Position MEDICAL RECORDS CLERK Date September 25, 2015 | | |
| 24. RECEIVED BY Signature <i>Luiz N. Cugay</i> Name in Print LUZ-N. CUGAY Title or Position Administrative Aide III Date 28 SEP 2015 | | 25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>Henry P. TomalabCAD</i> Name in Print HENRY P. TOMALABCAD Title or Position ASST. CITY CIVIL REGISTRAR Date 28 SEP 2015 | | |
| REMARKS/ANNOTATIONS (For LCR/CRG Use Only) | | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | | |
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| 15 | 16 | 17 | 19 | |

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

