



Municipal Form No. 102 (Revised January 2007) (To be accomplished in quadruplicate using black ink)

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

Province CEBU Registry No. 2017-1350
City/Municipality TALISAY CITY

CHILD
1. NAME (First) (Middle) (Last)
SUNSHINE MONICA ABELLA MERCADO
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)
1 MARCH 2016
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY 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 lost ones) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2,300 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
RHYZA REN ABELLA
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 WORKER NOT REPORTING ANY OCCUPATION 12. AGE at the time of this birth (completed years) 18
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SITIO MAHAYAG, SAN ISIDRO, TALISAY CITY, CEBU, PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
KEITH DENNIS ABANES MERCADO
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION WORKER NOT REPORTING ANY OCCUPATION 18. AGE at the time of this birth (completed years) 23
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SITIO MAHAYAG, SAN ISIDRO, TALISAY CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

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 6:12 PM am/pm on the date of birth specified above.

Signature _____ Address TALISAY DISTRICT HOSPITAL
Name in Print DR. JIMELYN ROSS Y. GO SAN ISIDRO, TALISAY CITY, CEBU
Title or Position MEDICAL OFFICER III Date March 3, 2016

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____ Address _____
Name in Print RHYZA REN ABELLA SITIO MAHAYAG, SAN ISIDRO, TALISAY CITY, CEBU
Relationship to the Child MOTHER Date March 3, 2016

23. PREPARED BY
Signature _____
Name in Print APRIL T. BACLAY
Title or Position NURSE I
Date March 3, 2016

24. RECEIVED BY
Signature _____
Name in Print MARY JANE A. BALORIO
Title or Position ADMIN. AIDE II
Date JUN 02 2017

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print FEBRITI LOANDES O. CABANERO
Title or Position CITY CIVIL REGISTRAR
Date JUN 13 2017

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
LATE REGISTRATION



TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17