



Municipal Form No. 102 (Revised August 2016) (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. **2018 25108**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) (Middle) (Last)
ZAYNE ELLA TERANA ROBLE
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)
6 SEPTEMBER 2018
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST. CEBU CITY CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **TWINS** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **2ND** 5c. BIRTH ORDER (First, Second, Third, etc.) **2ND** 5d. WEIGHT AT BIRTH (previous live births including fetal death) (First, Second, Third, etc.) **1,950** grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
KENYLIE DUGHO TERANA
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) **19**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
CASILI CONSOLACION CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
JOHNCEL BARROSA ROBLE
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CHECKER/LOADER** 18. AGE at the time of this birth (completed years) **20**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
CASILI CONSOLACION CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **MAY 19, 2018** 20b. PLACE (City / Municipality) (Province) (Country)
CONSOLACION, CEBU PHILIPPINES

21a. ATTENDANT
1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) **5:08 PM**

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 **11:45 AM** am/pm on the date of birth specified above.

Signature _____ Address **VSMMC, CEBU CITY**
Name in Print **MARIA NANETTE SUAREZ, MD**
Title or Position **MEDICAL SPECIALIST II** Date **SEPTEMBER 6, 2018**

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 **JOHNCEL B. ROBLE**
Relationship to the Child **FATHER**
Address **LILO-AN, CEBU**
Date **SEPTEMBER 6, 2018**

23. PREPARED BY
Signature _____
Name **ADONA J. MONTEJO**
Title or Position **CLERK**
Date **SEPTEMBER 6, 2018**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **SEP 24 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **PHILIPPA. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **SEP 24 2018**

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



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

Province **CEBU** Registry No. **2018 25107**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) (Middle) (Last) **ZAYNE ELLIE TERANA ROBLE**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year) **6 SEPTEMBER 2018**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **TWINS** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **1ST** 5c. BIRTH ORDER (First, Second, Third, etc.) **1ST** 6. WEIGHT AT BIRTH (grams) **2,490**

MOTHER
7. MAIDEN NAME (First) (Middle) (Last) **KENYLIE DUGHO TERANA**
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 **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **19**
13. RESIDENCE (House No., St., Barangay) **0** (City/Municipality) **CEBU** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER
14. NAME (First) (Middle) (Last) **JOHNCEL BARROSA ROBLE**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CHECKER/LOADER** 18. AGE at the time of this birth (completed years) **20**
19. RESIDENCE (House No., St., Barangay) **0** (City/Municipality) **CEBU** (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) **MAY 19, 2018** 20b. PLACE (City / Municipality) (Province) (Country) **CONSOLACION, 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 **11:43 AM** am/pm on the date of birth specified above.

Signature _____ Address **VSMMC, CEBU CITY**
Name in Print **MARIA NANETTE SUAREZ, MD**
Title or Position **MEDICAL SPECIALIST II** Date **SEPTEMBER 6, 2018**

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 **JOHNCEL B. ROBLE**
Relationship to the Child **FATHER**
Address **LILO-AN, CEBU**
Date **SEPTEMBER 6, 2018**

23. PREPARED BY
Signature _____
Name **ALONA J. MONTEJO**
Title or Position **CLERK**
Date **SEPTEMBER 6, 2018**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **SEP 24 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **PHILIP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **SEP 24 2018**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

() accomplished in quadruplicate using black ink)

Municipal Form No. 102 (Revised August 2016)		Registry No. 2020 19290	
Province CEBU		City/Municipality CEBU CITY	
1. NAME (First) ZHANIA EVY (Middle) TERANA (Last) ROBLE		2. SEX (Male / Female) FEMALE	
3. DATE OF BIRTH (Day) 9 (Month) OCTOBER (Year) 2020		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., 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.) 2ND		6. WEIGHT AT BIRTH 2,710 grams	
7. MAIDEN NAME (First) KENYLIE (Middle) DUGHO (Last) TERANA		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) 21	
13. RESIDENCE (House No., St., Barangay) CASILI (City/Municipality) CONSOLACION (Province) CEBU (Country) PHILIPPINES		14. NAME (First) JOHNCEL (Middle) BARROSA (Last) ROBLE	
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
17. OCCUPATION TRUCKBOY		18. AGE at the time of this birth (completed years) 22	
19. RESIDENCE (House No., St., Barangay) CASILI (City/Municipality) CONSOLACION (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) MAY 19, 2018		20b. PLACE (City / Municipality) (Province) (Country) CONSOLACION, CEBU .PHILIPPINES	
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 1:55 PM am/pm on the date of birth specified above.			
Signature JANA JORADYL CONTENTO, MD Name in Print MEDICAL OFFICER III Title or Position		Address VSMMC, CEBU CITY Date OCTOBER 9, 2020	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____ Name in Print JOHNCEL B. ROBLE Relationship to the Child FATHER Address CONSOLACION, CEBU Date OCTOBER 9, 2020		Signature _____ Name in Print ALONA J. MONTEJO Title or Position CLERK Date OCTOBER 9, 2020	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position Administrative Aide III Date OCT 12 2020		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print ATTY. EVANGELINE T. ABATAYO Title or Position CEBU CITY CIVIL REGISTRAR Date OCT 12 2020	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
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