



Municipal Form No. 102 (Revised August 2015) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

(Completed in quadruplicate using black ink)

### CERTIFICATE OF LIVE BIRTH

Province <b>CEBU</b>		Registry No. <b>2018 13898</b>		
City/Municipality <b>CEBU CITY</b>				
CHILD	1. NAME (First) (Middle) (Last) <b>CLINT THIMOTHY BACLAYON</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>13 MAY 2018</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>BULACAO HEALTH CENTER CEBU CITY CEBU</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of the child to previous live births including fetal death) (First, Second, Third, etc.) <b>SECOND</b>	5d. WEIGHT AT BIRTH <b>3175</b> grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>BEBEILYN TACOLOY BACLAYON</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>2</b>	10b. No. of children still living including this birth <b>2</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>TEACHER</b>
	12. AGE at the time of this birth (Completed years) <b>25</b>		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>CANDULAWAN TALISAY CITY CEBU PHILIPPINES</b>	
FATHER	14. NAME (First) (Middle) (Last) <b>UNKNOWN</b>			
	15. CITIZENSHIP <b>N/A</b>		16. RELIGION/RELIGIOUS SECT <b>N/A</b>	
	17. OCCUPATION <b>N/A</b>		18. AGE at the time of this birth (Completed years) <b>N/A</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N/A</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>N/A</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>		
21a. ATTENDANT ___ 1 Physician ___ 2 Nurse <input checked="" type="checkbox"/> 3 Midwife ___ 4 Hilot (Traditional Birth Attendant) ___ 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendants/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>6:13 PM</b> am/pm on the date of birth specified above.				
Signature <i>[Signature]</i> Name in Print <b>EMMA B. CABINGATAN</b> Title or Position <b>PHM IV</b>		Address <b>BULACAO HEALTH CENTER CEBU CITY</b> Date <b>MAY 13, 2018</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print <b>BEBEILYN T. BACLAYON</b> Relationship to the Child <b>MOTHER</b> Address <b>CANDULAWAN, TALISAY CITY CEBU</b> Date <b>MAY 13, 2018</b>		23. PREPARED BY Signature <i>[Signature]</i> Name in Print <b>EMMA B. CABINGATAN</b> Title or Position <b>PHM IV</b> Date <b>MAY 13, 2018</b>		
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print <b>LUZ N. CUGAY</b> Title or Position <b>ADMINISTRATIVE AIDE III</b> Date <b>JUN 01 2018</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print <b>PHILIPPA MEGABON</b> Title or Position <b>REGISTRATION OFFICER IV</b> Date <b>JUN 01 2018</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR				

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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

*[Signature]*  
 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority

