



Municipal Form No. 102  
(Revised January 2007)

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

Province MISAMIS ORIENTAL Registry No. 2011-872  
City/Municipality VILLANUEVA

**CHILD**  
1. NAME (First) (Middle) (Last)  
RAPHAEL ELY FLORES  
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
24 OCTOBER 2011  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
POBLACION 3, VILLANUEVA MISAMIS ORIENTAL  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of birth or previous live births including stillbirths) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2858 grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
CINDY DAGASUHAN FLORES  
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC  
10a. Total number of children born alive 01 10b. No. of children still living including this birth 01 10c. No. of children born alive but are now dead 00 11. OCCUPATION HOUSEPARENT 12. AGE at the time of the birth (completed years) 19  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
POBLACION 3, VILLANUEVA MISAMIS ORIENTAL PHILIPPINES

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

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

21a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife X 4 Hirot (Traditional Birth Attendant) 5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hirot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 07:35 PM am/pm on the date of birth specified above.  
Signature: [Signature] Address: POBLACION 3, VILLANUEVA, MIS. OR.  
Name in Print: CARINA M. MORALES  
Title or Position: HILOT Date: OCTOBER 25, 2011

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature: [Signature] Name in Print: CINDY D. FLORES  
Relationship to the Child: MOTHER  
Address: POBLACION 3, VILLANUEVA, MIS. OR.  
Date: OCTOBER 25, 2011

23. PREPARED BY  
Signature: [Signature] Name in Print: CHARINA P. BAUTISTA  
Title or Position: CLERK  
Date: OCTOBER 25, 2011  
24. RECEIVED BY  
Signature: [Signature] Name in Print: SALVADOR S. GALADO  
Title or Position: MUNICIPAL CIVIL REGISTRAR  
Date: OCTOBER 25, 2011  
25. REGISTERED BY THE CIVIL REGISTRAR  
Signature: [Signature] Name in Print: SALVADOR S. GALADO  
Title or Position: MUNICIPAL CIVIL REGISTRAR  
Date: OCTOBER 25, 2011

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

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 4 3 2 6 + + + +