



Municipal Form No. 102 (Revised August 2016) Accomplished in quadruplicate using black ink

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

Province <b>CEBU</b>		Registry No. <b>2023 02110</b>		
City/Municipality <b>CEBU CITY</b>				
<b>CHILD</b>	1. NAME (First) (Middle) (Last) <b>ALY ACOGIDO DENORTE</b>			
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>27 JANUARY 2023</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>CEBU PUERL CENTER &amp; MATERNITY HOUSE, INC., 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 birth to previous live at this including late deaths) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2550</b> grams
<b>MOTHER</b>	7. MAIDEN NAME (First) (Middle) (Last) <b>CHAVIE BANATE ACOGIDO</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including stillbirths <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>RUNNER (RESTAURANT)</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>5 VANDA ST. PERPETUAL VALLEY, LABANGON, CEBU CITY, CEBU, PHILIPPINES</b>				
<b>FATHER</b>	14. NAME (First) (Middle) (Last) <b>ROBIN ROBREDILLO DENORTE</b>			
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	17. OCCUPATION <b>CALL CENTER AGENT</b>		18. AGE at the time of this birth (completed years) <b>33</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>5 VANDA ST., PERPETUAL VALLEY, LABANGON, CEBU CITY, CEBU, PHILIPPINES</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>10:00 AM</b> am/pm on the date of birth specified above.				
Signature _____ Name in Print <b>MARY JANE EPEPHANY D. CALO, MD</b> Title or Position <b>PHYSICIAN</b>		Address <b>CEBU PUERL CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</b> Date <b>JANUARY 27, 2023</b>		
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 <b>CHAVIE B. ACOGIDO</b> Relationship to the Child <b>MOTHER</b> Address <b>5 VANDA ST. PERPETUAL VALLEY, LABANGON, CEBU CITY, CEBU</b> Date <b>JANUARY 27, 2023</b>		23. PREPARED BY Signature _____ Name in Print <b>VIVIAN V. MACHACON</b> Title or Position <b>BIRTH CERT. INCHARGE</b> Date <b>JANUARY 27, 2023</b>		
24. RECEIVED BY Signature _____ Name in Print <b>LUZ N. CUGAY</b> Title or Position <b>Administrative Aide III</b> Date <b>FEB 01 2023</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <b>PHILIPP A. MEGABON</b> Title or Position <b>REGISTRATION OFFICER IV</b> Date <b>FEB 01 2023</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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*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General