

Municipal Form No. 102  
(Revised August 2016)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

Registry No.  
2023 17244

Province CEBU  
City/Municipality CEBU CITY

1. NAME (First) ZURI YSABELLE  
(Middle) MAHINAY  
(Last) GECERA

2. SEX (Male / Female) FEMALE

3. DATE OF BIRTH (Day) 28 (Month) SEPTEMBER (Year) 2023

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/  
House No., St., Barangay) ST. ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, 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 the birth to (First, Second, Third, Fourth, etc.) FOURTH

6. WEIGHT AT BIRTH 3000 grams

7. MAIDEN NAME (First) MERALYN  
(Middle) EMPAS  
(Last) MAHINAY

8. CITIZENSHIP FILIPINO

9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

10a. Total number of children born alive 4

10b. No. of children still living including this birth 4

11. OCCUPATION CUSTOMER SERVICE REPRESENTATIVE

12. AGE at the time of this birth (completed years) 32

13. RESIDENCE (House No., St., Barangay) DULJO FATIMA  
(City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

14. NAME (First) JEFFREY  
(Middle) MIEGO  
(Last) GECERA

15. CITIZENSHIP FILIPINO

16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

17. OCCUPATION JANITOR

18. AGE at the time of this birth (completed years) 32

19. RESIDENCE (House No., St., Barangay) DULJO FATIMA  
(City/Municipality) CEBU CITY (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) JANUARY 05, 2023

20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY 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 05:17 P.M. am/pm on the date of birth specified above.

Signature

Address SAMCH - BASAK SAN NICOLAS  
CEBU CITY, CEBU

Name in Print DR. CHRISTENSEN B. BALAORO

Date SEPTEMBER 28, 2023

Title or Position Medical Officer III

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature

23. PREPARED BY

Signature

Name in Print JEFFREY M. GECERA

Name in Print JEBONIANNE L. SATUITA

Relationship to the Child Father

Title or Position Nurse II

Address Duljo Fatima, Cebu City, Cebu

Date September 28, 2023

24. RECEIVED BY

Signature

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature

Name in Print LUZ N. CUGAY

Name in Print PHILIPP A. MEGABON

Title or Position Administrative Aide III

Title or Position REGISTRATION OFFICER IV

Date OCT 06 2023

Date OCT 06 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)