

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Registry No.
2019 13125

Province **CEBU**
City/Municipality **CEBU CITY**

1. NAME (First) **JOSEPH MILTON** (Middle) **VELOSO** (Last) **VELOSO**

2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **24** (Month) **MAY** (Year) **2019**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **SOUTHWESTERN UNIVERSITY MEDICAL CENTER, URGELLO ST., CEBU CITY, CEBU** (Province) **CEBU**
5a. TYPE OF BIRTH (Type of Birth) **5c. BIRTH ORDER** **FIRST** 6. WEIGHT AT BIRTH (Weight in grams) **2695**

5b. IF MULTIPLE BIRTH, CHILD WAS (Type of Birth) **5d. 2ND/3RD/4TH/5TH/6TH/7TH/8TH/9TH/10TH**

7. MAIDEN NAME (First) **MARIE MAY** (Middle) **ROSARIO** (Last) **VELOSO**

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a. Total number of children born alive including this birth **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **ONLINE SELLER** (Country) **19**

13. RESIDENCE (House No., St., Barangay) **91-GI VILLAGONZALO I, TEJERO, CEBU CITY, CEBU, PHILIPPINES** (Province) **CEBU** (City/Municipality) **CEBU** (Country) **PHILIPPINES**

14. NAME (First) **FATHE** (Middle) **R** (Last) **R**

15. CITIZENSHIP **N/A** 16. RELIGION/RELIGIOUS SECT **UNKNOWN** 17. OCCUPATION **N/A**

19. RESIDENCE (House No., St., Barangay) **N/A** (City/Municipality) **N/A** (Province) **N/A** (Country) **N/A**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) **N/A** 20b. PLACE (City / Municipality) (Province) (Country)

21a. ATTENDANT 1 Physician **N/A** 2 Nurse **N/A** 3 Midwife **N/A** 4 Midwife (Traditional Birth Attendant) **N/A** 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
I hereby certify that I attended the birth of the child who was born alive at **05:02 AM** on the date of birth specified above.

Signature **EARLYN MARIE LAGAHINO, M.D.** Address **C/O Southwestern University Medical Center**

Name in Print **Attending Physician** Date **May 24, 2019**

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

Signature **MARIE MAY R. VELOSO** Title or Position **Head - Medical Records**

Name in Print **Mother** Date **May 24, 2019**

Relationship to the Child **Administrative Aide III**

Address **91-GI Villagonzalo I, Cebu City**

Date **May 24, 2019**

24. RECEIVED BY Signature **LUZ N. CUGAY** Name in Print **PHILIP A. MEGABON**

Title or Position **REGISTRATION OFFICER IV** Date **MAY 30 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature **HAIDEE M. ORNOPIA** Name in Print **Head - Medical Records** Title or Position **REGISTRATION OFFICER IV** Date **MAY 30 2019**