



Municipal Form No. 102
Revised January 2007

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

Completed in quadruplicate using black ink

Province CEBU		Registry No. 2013 24899		
City/Municipality CEBU CITY				
CHILD	1. NAME (First) STEFFEN LOUIS (Middle) LLENO (Last) CABALSE			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 8 (Month) AUGUST (Year) 2013		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU (City/Municipality) (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including late deaths) (First, Second, Third, etc.) 2ND	6. WEIGHT AT BIRTH 3,400 grams
MOTHER	7. MAIDEN NAME (First) JESSA (Middle) CUIZON (Last) LLENO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE
	12. AGE at the time of this birth (completed years) 21			
13. RESIDENCE (House No., St., Barangay) CANJULAO, LAPU-LAPU CITY, CEBU (City/Municipality) (Province) CEBU (Country) PHILIPPINES				
FATHER	14. NAME (First) PATRICIO JR. (Middle) CAMOS (Last) CABALSE			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION PRODUCTION WORKER		18. AGE at the time of this birth (completed years) 22	
	19. RESIDENCE (House No., St., Barangay) LOOC (City/Municipality) MANDAUE CITY (Province) CEBU (Country) PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) NOT MARRIED (Day) (Year)		20b. PLACE (City / Municipality) N/A (Province) (Country)		
21a. ATTENDANT X <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilol (Traditional Birth Attendant) <input type="checkbox"/> 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 8:20 PM on the date of birth specified above.				
Signature _____ Name in Print CAROLYN TABALOC, MD Title or Position MEDICAL OFFICER III		Address VSMC, CEBU CITY, CEBU Date 8/8/2013		
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 JESSA O. LLENO Relationship to the Child MOTHER Address LAPU-LAPU CITY, CEBU Date 8/8/2013		23. PREPARED BY Signature _____ Name in Print ALONA J. MONTEJO Title or Position CLERK Date 8/8/2013		
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position Administrative Aide III Date AUG 28 2013		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print OSCAR B. MOLO Title or Position ASSISTANT CITY CIVIL REGISTRAR Date AUG 28 2013		
REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)				

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

