



Municipal Form No. 102
Revised January 2007

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2016-8881
City/Municipality MANDAUE CITY

CHILD

1. NAME (First) (Middle) (Last)
STEFFAN LORENZO LLENO CABALSE

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)
28 OCTOBER 2016

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
EVERSLEY CHILDS SANITARIUM AND GENERAL HOSPITAL - JAGOBIAO MANDAUE CITY CEBU

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 this birth to previous live births including still death) (First, Second, Third, etc.) THIRD 6. WEIGHT AT BIRTH 2700 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
JESSA CUIZON LLENO

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

10a. Total number of children born alive 3 10b. No. of children still living including this birth 3 10c. No. of children born alive but are now dead 0 11. OCCUPATION NONE 12. AGE at the time of this birth (completed years) 24

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BOHOL-BOHOL, LOOC MANDAUE CITY CEBU PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
PATRICIO, JR. CAMOS CABALSE

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION GENERAL HELPER/LABORER 18. AGE at the time of this birth (completed years) 25

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
BOHOL-BOHOL, LOOC MANDAUE CITY CEBU PHILIPPINES

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

20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

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 08:53 PM am/pm on the date of birth specified above.

Signature _____ Address C/O EVERSLEY CHILDS SANITARIUM, JAGOBIAO, MANDAUE CITY, CEBU
Name in Print CYRUS WENDELL Q. ROMUJA, MD, DFM
Title or Position MEDICAL OFFICER IV Date OCTOBER 29, 2016

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

Signature _____ Address _____
Name in Print JESSA C. LLENO Name in Print LEVY LUNA E. PANTOLLANO
Relationship to the Child MOTHER Title or Position HEALTH INFORMATION MGT. AIDE
Address BOHOL-BOHOL, LOOC, MANDAUE CITY, CEBU Date OCTOBER 29, 2016

23. PREPARED BY
Signature _____
Name in Print THELMA C. CRISOLOGO
Title or Position CITY CIVIL REGISTRAR
Date NOV 07 2016

24. RECEIVED BY
Signature _____
Name in Print ANALIZA P. FONTANOZA
Title or Position OFFICE AIDE
Date NOV 07 2016

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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