



Municipal Form No. 102  
 Revised January 2007  
 Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL  
 (Completed in quadruplicate using black ink)

# CERTIFICATE OF LIVE BIRTH

|   |   |  |  |
|---|---|--|--|
| Province <b>CEBU</b>  |   | Registry No. <b>2016-4101..</b>  |  |
| City/Municipality <b>LAPU-LAPU CITY</b>   |   |  |  |
| 1. NAME (First) <b>SOPIA YZABEL</b>   |   | (Middle) <b>MEÑDEZ</b>   | (Last) <b>PINGA</b>  |
| 2. SEX (Male / Female) <b>FEMALE</b>  | 3. DATE OF BIRTH (Day) <b>20</b> (Month) <b>JULY</b> (Year) <b>2016</b> |  |  |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>MACTAN DOCTORS' HOSPITAL, BASAK, LAPU-LAPU 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>FIFTH</b>   | 6. WEIGHT AT BIRTH (First, Second, Third, etc.) <b>2,700 grams</b> |
| 7. MAIDEN NAME (First) <b>SHARORI MAY</b>   |   | (Middle) <b>MARINAS</b>  | (Last) <b>MEÑDEZ</b>   |
| 8. CITIZENSHIP <b>FILIPINO</b>  |   | 9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>   |  |
| 10a. Total number of children born alive <b>01</b>  | 10b. No. of children still living including this birth <b>01</b>        | 10c. No. of children born alive but are now dead <b>00</b>   | 11. OCCUPATION <b>HOUSEWIFE</b>                                    |
| 12. AGE at the time of the birth (completed years) <b>27</b>  |   |  |  |
| 13. RESIDENCE (House No., St., Barangay) <b>DIMATAGA ST. KASAMAHAN,</b>   |   | (City/Municipality) <b>LAPU-LAPU CITY,</b>   | (Province) <b>CEBU,</b> (Country) <b>PHILIPPINES</b>               |
| 14. NAME (First) <b>CEASAR</b>  |   | (Middle) <b>CAÑETE</b>   | (Last) <b>PINGA III</b>  |
| 15. CITIZENSHIP <b>FILIPINO</b>   |   | 16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>  | 17. OCCUPATION <b>KITCHEN STAFF/COOK</b>                           |
| 18. AGE at the time of the birth (completed years) <b>29</b>  |   |  |  |
| 19. RESIDENCE (House No., St., Barangay) <b>#112 ZONE IMBAO CALAWISAN,</b>  |   | (City/Municipality) <b>LAPU-LAPU CITY,</b>   | (Province) <b>CEBU,</b> (Country) <b>PHILIPPINES</b>               |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  |   |  |  |
| 20a. DATE (Month) <b>JANUARY</b> (Day) <b>10</b> (Year) <b>2015</b>   |   | 20b. PLACE (City / Municipality) <b>LAPU-LAPU CITY,</b> (Province) <b>CEBU,</b> (Country) <b>PHILIPPINES</b>   |  |
| 21a. ATTENDANT  |   |  |  |
| <input checked="" type="checkbox"/> 1. Physician <input checked="" type="checkbox"/> 2. Nurse <input checked="" type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____ |   |  |  |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)<br>I hereby certify that I attended the birth of the child who was born alive at <b>06:37 P.M.</b> am/pm on the date of birth specified above.    |   |  |  |
| Signature _____<br>Name in Print <b>LOURDES DE LOS REYES ATOC, M. D.</b><br>Title or Position <b>ATTENDING PHYSICIAN</b>  |   | Address <b>MACTAN DOCTORS' HOSPITAL<br/>                 BASAK, LAPU-LAPU CITY, CEBU</b><br>Date <b>JULY 20, 2016</b>  |  |
| 22. CERTIFICATION OF INFORMANT<br>I hereby certify that all information supplied are true and correct to my own knowledge and belief.   |   | 23. PREPARED BY  |  |
| Signature _____<br>Name in Print <b>MRS. SHARORI MAY M. PINGA</b><br>Relationship to the Child <b>MOTHER</b><br>Address <b>DIMATAGA ST. KALAWISAN LAPU-LAPU CITY</b><br>Date <b>JULY 20, 2016</b>   |   | Signature _____<br>Name in Print <b>MR. JOHN GERALD M. ABARADO</b><br>Title or Position <b>MEDICAL RECORDS OFFICER</b><br>Date <b>JULY 20, 2016</b>                                    |  |
| 24. RECEIVED BY<br>Signature _____<br>Name in Print <b>MARIA AUDIEN R. TANEZ</b><br>Title or Position <b>ADMINISTRATIVE AIDE III</b><br>Date <b>JUL 27 2016</b>   |   | 25. REGISTERED BY THE CIVIL REGISTRAR<br>Signature _____<br>Name in Print <b>YOLANDA C. PANGATUNGAN</b><br>Title or Position <b>MC-CITY CIVIL REGISTRAR</b><br>Date <b>JUL 27 2016</b> |  |
| REMARKS/ANNOTATIONS (For LCRO/OCRG 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

