



Municipal Form No. 102  
(Revised January 2007)

accomplished in quadruplicate using black ink

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

Province <b>Bohol</b>		Registry No. <b>2017-03</b>		
City/Municipality <b>Tagbilaran City</b>				
CHILD	1. NAME (First) (Middle) (Last) <b>Alexa Maureen Gamboa Cruz</b>			
	2. SEX (Male / Female) <b>Female</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>02 January 2017</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <b>MAV Lyve-In Clinic Inc., New Calceña St., Cogen District Tagbilaran City Bohol</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>Single</b>	5b. # MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>n/a</b>	5c. BIRTH ORDER (Order of birth as given on the label including胎 death) (First, Second, Third, etc.) <b>First</b>	5d. WEIGHT AT BIRTH <b>3,000 grams</b>
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>Ma. Alene Gamboa</b>			
	8. CITIZENSHIP <b>Filipino</b>		9. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>Private Employee</b>
	12. AGE at the time of this birth (Completed years) <b>24</b>		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>98 Tamblo Extension Tagbilaran City Bohol Philippines</b>	
FATHER	14. NAME (First) (Middle) (Last) <b>Roland Bulfa Cruz</b>			
	15. CITIZENSHIP <b>Filipino</b>		16. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>	
	17. OCCUPATION <b>Private Employee</b>		18. AGE at the time of this birth (Completed years) <b>28</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>98 Tamblo Extension Tagbilaran City Bohol Philippines</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>Not Married</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>n/a</b>		
21a. ATTENDANT 1 Physician _____ 2 Nurse <input checked="" type="checkbox"/> 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 <b>4:45 am</b> on the date of birth specified above.				
Signature <i>[Signature]</i> Name in Print <b>Ma. B. Lopez, RM</b> Title or Position <b>Midwife</b>		Address <b>Manga District Tagbilaran City, Bohol</b> Date <b>January 03, 2017</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print <b>Roland B. Cruz</b> Relationship to the Child <b>Father</b> Address <b>98 Tamblo Extension, Tagbilaran City Bohol</b> Date <b>January 03, 2017</b>		23. PREPARED BY Signature <i>[Signature]</i> Name in Print <b>Ma. Claire Angel Q. Apalick</b> Title or Position <b>Ward</b> Date <b>January 03, 2017</b>		
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print <b>GEORGE S. TRINO</b> Title or Position <b>Officer II</b> Date <b>January 9, 2017</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print <b>VIAGLIA S. INDO</b> Title or Position <b>City Civil Registrar</b> Date <b>January 9, 2017</b>		
REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)				
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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*[Signature]*

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

