



Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province **CEBU** Registry No. **2016 - 531**  
City/Municipality **CITY OF BOGO**

**CHILD**  
1. NAME (First) **CASSIDY** (Middle) **LUDONG** (Last) **MANGUBAT**  
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **01** (Month) **FEBRUARY** (Year) **2016**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **BIGEBU PROVINCIAL HOSPITAL** (City/Municipality) **BOGO CITY** (Province) **CEBU**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **1** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **1** 6. WEIGHT AT BIRTH **3300** grams

**MOTHER**  
7. MAIDEN NAME (First) **ARIANNE** (Middle) **LUDONG** (Last) **LUDONG**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEKEEPER** 12. AGE at the time of this birth (completed years) **21**  
13. RESIDENCE (House No., St., Barangay) **TALISAY** (City/Municipality) **DAANBANTAYAN** (Province) **CEBU** (Country) **PHILS.**

**FATHER**  
14. NAME (First) **JOHN AIVAN** (Middle) **MENDOZA** (Last) **MANGUBAT**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **LABORER** 18. AGE at the time of this birth (completed years) **21**  
19. RESIDENCE (House No., St., Barangay) **TALISAY** (City/Municipality) **DAANBANTAYAN** (Province) **CEBU** (Country) **PHIL.**

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  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 **2:59PM** am/pm on the date of birth specified above.

Signature *Cecilia Marbella* Address **CPH, Bogo City, Cebu**  
Name in Print **CECILIA MARBELLA MD.**  
Title or Position **ATTENDING PHYSICIAN** Date **FEB. 1, 2016**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature *Arianne Ludong* Signature *Leovio Verdida*  
Name in Print **ARIANNE LUDONG** Name in Print **LEOVIO VERDIDA**  
Relationship to the Child **MOTHER** Title or Position **NURSE**  
Address **DAANBANTAYAN, CEBU** Date **FEB. 1, 2016**

24. RECEIVED BY  
Signature *Yvette Ornela* Signature *Sheila F. Orcullo*  
Name in Print **YVETTE ORNELA** Name in Print **SHEILA F. ORCULLO**  
Title or Position **CLERK** Title or Position **CITY CIVIL REGISTRAR**  
Date **February 12, 2016** Date **February 12, 2016**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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