



Municipal Form No. 102
(Revised August 2018)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

Province CEBU		Registry No. 2019-2368		
City/Municipality TALISAY CITY				
CHILD	1. NAME (First) JUARA HANNAH		(Middle) INOCENCIO	
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 18 (Month) MARCH (Year) 2000		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SITIO KALINAO, TANGKE, TALISAY CITY, CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD	6. WEIGHT AT BIRTH 2722 grams
MOTHER	7. MAIDEN NAME (First) LERRY		(Middle) CASTRO (Last) INOCENCIO	
	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 2	10c. No. of children born alive but are now dead 1	11. OCCUPATION PRODUCTION WORKER
	13. RESIDENCE (House No., St., Barangay) SITIO KALINAO, TANGKE, TALISAY CITY, CEBU, (Province) CEBU, (Country) PHILIPPINES			
FATHER	14. NAME (First) N/A		(Middle) N/A (Last) N/A	
	15. CITIZENSHIP N/A		16. RELIGION/RELIGIOUS SECT N/A	
	17. OCCUPATION N/A		18. AGE at the time of this birth (completed years) N/A	
	19. RESIDENCE (House No., St., Barangay) N/A (City/Municipality) N/A (Province) N/A (Country) N/A			
MARRIAGE OF PARENTS (If not named, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) N/A (Day) N/A (Year) N/A		20b. PLACE (City / Municipality) N/A (Province) N/A (Country) N/A		
21a. ATTENDANT 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Mid (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Mid, etc.) I hereby certify that I attended the birth of the child who was born alive at 6:00am am/pm on the date of birth specified above.				
Signature Name in Print WEVINA P. LARIOSA Title or Position MIDWIFE		Address CANSOJONG, TALISAY CITY, CEBU Date JUNE 20, 2019		
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 LERRY CASTRO INOCENCIO Relationship to the Child MOTHER Address SITIO KALINAO, TANGKE, TALISAY CITY, CEBU Date JUNE 20, 2019		23. PREPARED BY Signature Name in Print JOREN SUMAYO Title or Position LAW OFFICE SECRETARY Date JUNE 20, 2019		
24. RECEIVED BY Signature Name in Print MAECHEKILL A. MANSILA Title or Position ADMIN. AIDE 3 Date JUL 02 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Name in Print FEBY LOURDES G. CABANERO Title or Position CITY CIVIL REGISTRAR Date JUL 15 2019		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				



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

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09168-95-400MCE-00527-BI001

BEST POSSIBLE IMAGE



T001091684000052702062025001



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

