



Mandatory Form No. 102 (Revised) January 1982 (To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 3a, 5a and 19a.)

Province Cebu City/Municipality Lapu-Lapu City Registry No. 2010-1270

1. NAME (First) (Middle) (Last)
Mikaela Faye Trenays Ayng

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (Day) (Month) (Year)
9 February 2010

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Mactan Doctors' Hospital-Besak Lapu-Lapu City Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (Give births and fetal deaths including this delivery) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH
2,250 grams

6. MAIDEN NAME (First) (Middle) (Last)
Mia Angela Cuijano Trenays

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
St. Francis Village, Subag I, Lapu-Lapu City Cebu

13. NAME (First) (Middle) (Last)
Almerick Navins Ayng

14. CITIZENSHIP Filipino 15. RELIGION Protestant

16. OCCUPATION None 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
N/A

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:02 a'clock am/pm on the date stated above.

Signature [Signature] Address Mactan Doctors' Hospital
Name in Print Mary Fajal Alquese, M.D. Besak, Lapu-Lapu City, Cebu
Title or Position Attending Physician Date February 9, 2010

20. INFORMANT
Signature [Signature] Address St. Francis Village,
Name in Print Mia Angela Q. Trenays Subag I, Lapu-Lapu City Cebu
Relationship to the child Mother Date February 9, 2010

21. PREPARED BY
Signature [Signature]
Name in Print Mr. Darwin S. Yau
Title or Position Medical Records Clerk
Date February 9, 2010

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print Ciriano D. Flores, M.D., J.P.S.
Title or Position City Civil Registrar
Date FEB 19 2010

REMARKS/REVISIONS

For OCSG USE ONLY: Population Reference No.

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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05351-H8-402WAB-00175-BI002

BEST POSSIBLE IMAGE

BReN
02226-B10D901-6

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Chief and Civil Registrar General