

Municipal Form No. 102
(Revised January 2007)

to be accomplished in quadruplicate using black ink

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

Province CEBU Registry No. 2017-996
City/Municipality BOGO

CHILD
1. NAME (First) KHIAN (Middle) PINOTE (Last) BARING
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 14 (Month) MARCH (Year) 2017
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No. St. Barangay) (City/Municipality) (Province)
MOM N' CHILD MIDWIFE'S CLINIC BOGO CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE
5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST
6. WEIGHT AT BIRTH 3500 grams

MOTHER
7. MAIDEN NAME (First) DITSIE MAE (Middle) GOMEZ (Last) PINOTE
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 HOUSEPARENT 12. AGE at the time of this birth (completed years) 21
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
GAIRAN BOGO CEBU PHILIPPINES

FATHER
14. NAME (First) SERGE (Middle) MEPIEZA (Last) BARING
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
17. OCCUPATION CALL CENTER ASSISTANT/REPRESENTATIVE 18. AGE at the time of this birth (completed years) 24
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
GAIRAN BOGO CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) FEBRUARY 25, 2017 20b. PLACE (City / Municipality) (Province) (Country)
CAWAYAN MASBATE PHILIPPINES
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 03:45 AM am/pm on the date of birth specified above.

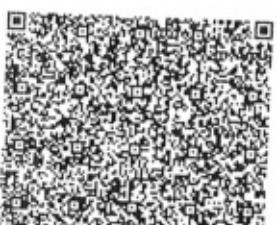
Signature LORINA M. PILAPIL Address BOGO CITY, CEBU
Name in Print LORINA M. PILAPIL
Title or Position MIDWIFE Date APRIL 4, 2017

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature DITSIE MAE PINOTE BARING
Name in Print DITSIE MAE PINOTE BARING
Relationship to the Child MOTHER
Address GAIRAN BOGO CITY
Date APRIL 4, 2017
23. PREPARED BY
Signature LORINA M. PILAPIL
Name in Print LORINA M. PILAPIL
Title or Position MIDWIFE
Date APRIL 4, 2017

24. RECEIVED BY
Signature YVETTE L. ORTEGA
Name in Print YVETTE L. ORTEGA
Title or Position CCRD CLERK
Date APRIL 04, 2017
25. REGISTERED BY THE CIVIL REGISTRAR
Signature SHEILA F. ORCULLO
Name in Print SHEILA F. ORCULLO
Title or Position CITY CIVIL REGISTRAR
Date APRIL 04, 2017

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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CSM
CLAIRE DENNIS S. MAPA, Ph. D.