



Municipal Form No. 101
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: CEBU Registry No. 2017 2142
City/Municipality: DANAOC CITY

CHILD

1. NAME (First) JOHN ETHAN (Middle) ARIGO (Last) ALMADEN

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 28 (Month) JUNE (Year) 2017

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU PROVINCIAL HOSPITAL - DANAO CITY (Province) 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 Rank in relation to siblings including fetal death) (First, Second, Third, etc.) FIRST 5d. WEIGHT AT BIRTH 3800 grams

MOTHER

7. MAIDEN NAME (First) MA. RHELA (Middle) DALIN (Last) ARIGO

8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC

10a. Total number of children born alive 0 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION SEAMAN 12. AGE at the time of the birth (Completed years) 22

13. RESIDENCE (House No., St., Barangay) 0 (City/Municipality) DANAOC CITY (Province) CEBU (Country) PHILIPPINES

FATHER

14. NAME (First) ROSELLER (Middle) BATUCAN (Last) ALMADEN

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION SEAMAN 18. AGE at the time of the birth (Completed years) 23

19. RESIDENCE (House No., St., Barangay) SABANG (City/Municipality) DANAOC CITY (Province) CEBU (Country) PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) N/A 20b. PLACE (City / Municipality) (Province) (Country) N/A

21a. ATTENDANT NOT MARRIED

1 Physician 2 Nurse 3 Midwife 4 Heilist (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
I hereby certify that I attended the birth of the child who was born alive of 1:45:00pm on the date of birth specified above.

Signature: [Signature] Address: CEBU PROVINCIAL HOSPITAL - DANAO CITY

Name in Print: CHERRY L. BURANDAY, M.D. DPOGS Date: JUNE 28, 2017

Title or Position: MEDICAL SPECIALIST II

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: [Signature] Signature: [Signature]

Name in Print: MA. RHELA D. ARIGO Name in Print: JACKY LOU A. RATON

Relationship to the Child: MOTHER Title or Position: CLERK

Date: JUNE 28, 2017 Date: JUNE 28, 2017

24. REGISTERED BY

Signature: [Signature] Signature: [Signature]

Name in Print: MARIA CONCHITA B. ROBLE Name in Print: ROLAND M. PEREZ

Title or Position: ASSISTANT REGISTRATION OFFICER Title or Position: CO-DH I, ACTING CITY CIVIL REGISTRAR

Date: JULY 19, 2017 Date: JULY 19, 2017



HUAWEI nova 2i
DUAL CAMERA

REGISTRATION TAGS (For LCRO/DCRG Use Only)