

(To be accomplished in quadruplicate using black ink)

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

| | | |
|-------------------|------------------|--------------|
| Province | CEBU | Registry No. |
| City/Municipality | CEBU CITY | |

| | | | |
|---|---|--|--------------------|
| CHILD | 1. NAME (First) (Middle) (Last) | AXL SEBASTIAN TOLEDO DABATOS | |
| | 2. SEX (Male / Female) | 3. DATE OF BIRTH (Day) (Month) (Year) | |
| | MALE | 07 APRIL 2022 | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) | (City/Municipality) (Province) | |
| | SOUTHWESTERN UNIVERSITY MEDICAL CENTER, URGELLO ST., CEBU CITY, CEBU | | |
| 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) | 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) | 6. WEIGHT AT BIRTH |
| SINGLE | N/A | FIRST | 2705 grams |

| | | | | | |
|---|---|--|--|----------------|---|
| MOTHER | 7. MAIDEN NAME (First) (Middle) (Last) | SHANNEN MARGARETH NAKILA TOLEDO | | | |
| | 8. CITIZENSHIP | 9. RELIGION/RELIGIOUS SECT | | | |
| | FILIPINO | BORN AGAIN | | | |
| | 10a. Total number of children born alive | 10b. No. of children still living including this birth | 10c. No. of children born alive but are now dead | 11. OCCUPATION | 12. AGE at the time of this birth (completed years) |
| | 1 | 1 | 0 | CSR | 21 |
| 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) | SARIHVILLE SUBD., POBLACION, TALISAY CITY, CEBU, PHILIPPINES | | | | |

| | | | | |
|---------------|---|---|----------------|---|
| FATHER | 14. NAME (First) (Middle) (Last) | ANTON LOSANO DABATOS | | |
| | 15. CITIZENSHIP | 16. RELIGION/RELIGIOUS SECT | 17. OCCUPATION | 18. AGE at the time of this birth (completed years) |
| | FILIPINO | ROMAN CATHOLIC | CSR | 24 |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) | SARIHVILLE SUBD., POBLACION, TALISAY CITY, CEBU, PHILIPPINES | | |

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

| | |
|--------------------------------|---|
| 20a. DATE (Month) (Day) (Year) | 20b. PLACE (City / Municipality) (Province) (Country) |
| NOT MARRIED | NOT MARRIED |

21a. ATTENDANT

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

1 Physician

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 **07:42 PM** on the date of birth specified above.

Signature _____ Address **Urgello St, Cebu City**

Name in Print _____

Title or Position **Attending Physician** Date **April 7, 2022**

22. CERTIFICATION OF INFORMANT

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

Signature *Shannen Margareth Nakila Toledo*

Name in Print **SHANNEN MARGARETH N. TOLEDO**

Relationship to the Child **Mother**

Address **SARIHVILLE SUBD., POBLACION, TALISAY CITY**

Date **April 7, 2022**

23. PREPARED BY

Signature *Haidee M. Orno Pia*

Name in Print **HAIDEE M. ORNOPIA**

Title or Position **Head - Medical Records**

Date **April 7, 2022**

24. RECEIVED BY

Signature _____

Name in Print **LUZ N. CUGAY**

Title or Position **Administrative Aide III**

Date _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print _____

Title or Position _____

Date _____

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CERTIFIED TRUE COPY