



Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province CEBU Registry No. **2012 35622**

City/Municipality CEBU CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
PRINCE JEMIE ANN DELA PEÑA POCDOL

2. SEX (Male/Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
17 NOVEMBER 2012

4. PLACE OF BIRTH (Name of Hospital/Clinical Laboratory/ House No., St., Barangay) (City/Municipality) (Province)  
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST 5c. BIRTH ORDER (Order of children in previous live births including lost births) (First, Second, Third, etc.) FIRST 5d. WEIGHT AT BIRTH 2700 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
JOANNA NATURAL DELA PEÑA

8. CHILDREN'S P. FILIPINO 9. RELIGION/RELIGIOUS SECT CHRISTIAN

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 HOUSEWIFE 12. AGE at the time of this birth (completed years) 17

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
91-W LAWIS LOREGA ST., CEBU CITY CEBU PHILIPPINES

**FATHER**

14. NAME (First) (Middle) (Last)  
JEMIEVIR ABELLA POCDOL

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 18

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
91-W LAWIS LOREGA ST., CEBU CITY CEBU PHILIPPINES

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

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

21a. ATTENDANT  
 1 Physician 2 Nurse 3 Midwife 4 Heed (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Heed, etc.)  
I hereby certify that I attended the birth of the child who was born alive at 2:35 am/pm on the date of birth specified above.

Signature [Signature] Address M. MACALSO AVENUE  
Name in Print ARSENIO SANDO CEBU CITY  
Title or Position M.D. Date NOVEMBER 17, 2012

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

Signature [Signature] 23. PREPARED BY  
Name in Print JOANNA N. DELA PEÑA ERULINDA S. TABUYAN  
Relationship to the Child MOTHER Title or Position CLERK  
Address 91-W LAWIS LOREGA ST., CEBU CITY Date NOVEMBER 17, 2012

24. RECEIVED BY  
Signature [Signature] 25. REGISTERED BY THE CIVIL REGISTRAR  
Name in Print RIDOLITO P. YBANEZ OSCAR B. MOLO  
Title or Position Administrative Aide-I Assistant City Civil Registrar  
Date NOV 21 2012 Date NOV 21 2012

REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)

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

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Lisa Grace S. B. B.

LISA GRACE S. BERSALES,  
National Statistician and Civil Registrar  
Philippine Statistics Authority