



Municipal Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		accomplished in quadruplicate using black ink		
Province CEBU			Registry No. 2015 30512			
City/Municipality CEBU CITY						
CHILD	1 NAME (First) VENEZIER CASPIAN		(Middle) DELA PEÑA		(Last) POCDOL	
	2 SEX (Male / Female) MALE		3 DATE OF BIRTH (Day) 1 (Month) OCTOBER (Year) 2015			
	4 PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. & Street) (City/Municipality) (Province) CAMALIG PERPETUAL BIRTHING HOME & NAT. CLINIC LOREGA Cebu City 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 the birth as provided to the office including still births) (First, Second, Third, etc.) 2ND	
MOTHER	7 MOTHER NAME (First) JOANNA		(Middle) NATURAL		(Last) DELA PEÑA	
	8 CITIZENSHIP FILIPINO		9 RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a Total number of children born alive 2		10b No. of children still living including this birth 2		10c No. of children born alive but are now dead 0	
	11 OCCUPATION HOUSEKEEPER		12 AGE at the time of the birth (Completed years) 20			
13 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 96-D LOREGA ST. CEBU CITY CEBU PHILIPPINES						
FATHER	14 NAME (First) JEMIEVIR		(Middle) ABELLA		(Last) POCDOL	
	15 CITIZENSHIP FILIPINO		16 RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		17 OCCUPATION BUILDING MAINTENANCE	
	18 RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 96-D LOREGA ST. CEBU CITY CEBU PHILIPPINES		19 AGE at the time of the birth (Completed years) 21			
	MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)					
20a DATE (Month) (Day) (Year) NOT MARRIED			20b PLACE (City / Municipality) (Province) (Country) NOT MARRIED			
21a ATTENDANT						
<input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____						
21b CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)						
I hereby certify that I attended the birth of the child who was born alive at 0:58PM am/pm on the date of birth specified above.						
Signature _____			Address 372 NEW JIMUS ROAD, LOREGA SAN MIGUEL, CEBU CITY			
Name in Print MARY JOY QUIROL, RM			Date OCTOBER 1, 2015			
Title or Position MIDWIFE						
22 CERTIFICATION OF INFORMANT			23 PREPARED BY			
I hereby certify that all information supplied are true and correct to my knowledge and belief.						
Signature _____			Signature _____			
Name in Print JOANNA N. DELA PEÑA			Name in Print AIRENG ARCILLA, RM			
Relationship to the Child MOTHER			Title or Position MIDWIFE			
Address 96-D LOREGA ST. CEBU CITY			Date OCTOBER 1, 2015			
Date OCTOBER 1, 2015						
24 RECEIVED BY			25 REGISTERED BY THE CIVIL REGISTRAR			
Signature _____			Signature _____			
Name in Print LUZ N. CUGAY			Name in Print HENRY P. TALABACAD			
Title or Position ADMINISTRATIVE AIDE III			Title or Position ASST. CITY CIVIL REGISTRAR			
Date 25 OCT 2015			Date 26 OCT 2015			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)						
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR						
8	9	11	15	15	16	

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CLAIRE DENNIS S. MALABACAD
National Statistician and Civil Registrar
Philippine Statistics Authority
