



Municipal Form No. 102
Revised January 2007

(accomplished in quadruplicate using black ink)

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

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| Province CEBU | | Registry No. 2016 14148 | |
| City/Municipality CEBU CITY | | | |
| 1. NAME (First) (Middle) (Last) KIETHRESE MAY GELBOLINGO | | | |
| 2. SEX (Male / Female) FEMALE | | 3. DATE OF BIRTH (Day) (Month) (Year) 11 MAY 2016 | |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU | | | |
| 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE | | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A | 6. WEIGHT AT BIRTH (First, Second, Third, etc.) (Previous live births including fetal death) 2,760 gms |
| 7. MAIDEN NAME (First) (Middle) (Last) KIMBERLY DEGAMO GELBOLINGO | | | |
| 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 NONE |
| 12. AGE at the time of this birth (completed years) 20 | | | |
| 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 513 PUNTOD, ALASKA, MAMBALING CEBU CITY CEBU PHILIPPINES | | | |
| 14. NAME (First) (Middle) (Last) UNKNOWN | | | |
| 15. CITIZENSHIP N/A | | 16. RELIGION/RELIGIOUS SECT N/A | |
| 17. OCCUPATION N/A | | 18. AGE at the time of this birth (completed years) N/A | |
| 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N/A | | | |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.) | | | |
| 20a. DATE (Month) (Day) (Year) N/A | | 20b. PLACE (City / Municipality) (Province) (Country) N/A | |
| 21a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Birth Attendant) 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 10:14 PM am/pm on the date of birth specified above. | | | |
| Signature <i>Jay Nath Sah</i> Name in Print JAY NATH SAH, MD | | Address VSMCC, CEBU CITY, CEBU | |
| Title or Position MEDICAL OFFICER III | | Date MAY 11, 2016 | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>Kimberly D. Gelbolingo</i> Name in Print KIMBERLY D. GELBOLINGO Relationship to the Child MOTHER Address CEBU CITY, CEBU Date MAY 11, 2016 | | 23. PREPARED BY Signature <i>Sheiba Albango</i> Name in Print SHEIBA ALBANGO Title or Position CLERK Date MAY 11, 2016 | |
| 24. RECEIVED BY Signature <i>Luiz N. Cugay</i> Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 06 JUN 2016 | | 25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>Henry P. TomalabCAD</i> Name in Print HENRY P. TOMALABCAD Title or Position ASST. CITY CIVIL REGISTRAR Date 06 JUN 2016 | |
| REMARKS/ANNOTATIONS (For LERO/OCRG Use Only) | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | |
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BEST POSSIBLE IMAGE



CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General