



Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

Completed in quadruplicate using black ink

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2019 24892					
City/Municipality CEBU CITY							
CHILD	1. NAME (First) (Middle) (Last) MERLIAH QUINN GARGOLES PALENCIA						
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 23 SEPTEMBER 2019					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU VELEZ GENERAL HOSPITAL, 41 F. RAMOS ST., CEBU CITY						
	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 this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3,050 grams			
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) RONNA MAE ROSALEJO GARGOLES						
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC				
	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 MARKETING SPECIALIST			
	12. AGE at the time of this birth (completed years) 24						
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 458 A. GABUYA ST. COGON, PARDO, CEBU CITY, CEBU, PHILIPPINES							
FATHER	14. NAME (First) (Middle) (Last) ROLANDO JR. MARISCAL PALENCIA						
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC				
	17. OCCUPATION ASR		18. AGE at the time of this birth (completed years) 25				
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 458 A. GABUYA ST. COGON, PARDO, CEBU CITY, CEBU, PHILIPPINES						
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) N.A.					
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____							
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 3:49 P.M. am/pm on the date of birth specified above.							
Signature _____ Name in Print KATHLEEN B. RABE, M.D. Title or Position RESIDENT PHYSICIAN		Address CEBU VELEZ GENERAL HOSPITAL, 41 F. RAMOS ST., CEBU CITY Date SEPTEMBER 23, 2019					
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print RONNA MAE R. GARGOLES Relationship to the Child MOTHER Address PARDO, CEBU CITY, CEBU Date SEPTEMBER 24, 2019		23. PREPARED BY Signature _____ Name in Print JASMIN F. BAJAO Title or Position MEDICAL RECORDS STAFF Date SEPTEMBER 24, 2019					
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE II Date OCT 03 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print LOUELLA N. DEJITO Title or Position REGISTRATION OFFICER III Date OCT 03 2019					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
8	9	11	13	15	16	17	19

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BEST POSSIBLE IMAGE

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Documentary
Stamp Tax Paid

CSM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

