



Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

accomplished in quadruplicate using black ink

Province		Registry No.	
City/Municipality		2022 00406	
1. NAME (First) (Middle) (Last) MERLIN CHRIS GARGOLES PALENCIA			
2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) (Month) (Year) 19 DECEMBER 2021	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) ATE LUZ N. CUGAY HOME COGON PARDO CEBU CITY CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	
		5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 2500 grams
7. MAIDEN NAME (First) (Middle) (Last) RONNA MAE ROSALES GARGOLES			
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 PAID MEDIA SPECIALIST
12. AGE at the time of this birth (Completed years) 28			
13. RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country) 458 GABUYA ST. COGON PARDO CEBU CITY CEBU PHILIPPINES			
14. NAME (First) (Middle) (Last) ROLANDO JR. MARISCAL PALENCIA			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
		17. OCCUPATION DESIGNATION EXECUTIVES	18. AGE at the time of this birth (Completed years) 28
19. RESIDENCE (House No. St. Barangay) (City/Municipality) (Province) (Country) 458 GABUYA ST. COGON PARDO CEBU CITY CEBU PHILIPPINES			
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 APPLICABLE	
21a. ATTENDANT 1 Physician ___ 2 Nurse <input checked="" type="checkbox"/> 3 Midwife ___ 4 Hilot (Traditional Birth Attendant) ___ 5 Others (Specify) ___			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at 03:42 AM on the date of birth specified above.			
Signature ALMA D. SABATIN		Address MOHON SAPANGDAKU, CEBU CITY	
Name in Print REGISTERED MIDWIFE		Date DECEMBER 23, 2021	
Title or Position		Date	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature RONNA MAE R. GARGOLES		Signature ROJENE A. GILBUENA	
Name in Print MOTHER		Name in Print CLERK	
Relationship to the Child 458 GABUYA ST. COGON PARDO, CEBU CITY		Title or Position DECEMBER 23, 2021	
Address DECEMBER 23, 2021		Date	
Date		Date	
24. RECEIVED BY Signature LUZ N. CUGAY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature PHILIPP A. MEGABON	
Name in Print Administrative Aide III		Name in Print REGISTRATION OFFICER IV	
Title or Position JAN 07 2022		Title or Position JAN 07 2022	
Date		Date	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

