



Municipal Form No. 102
(Revised January 2007)

to be accomplished in quadruplicate using black ink

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

Province CEBU		Registry No. 201300355		
City/Municipality DALAGUETE				
CHILD	1. NAME (First) JUNRIEL (Middle) PAREL (Last) ESTORCO			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 08 (Month) MARCH (Year) 2013		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) MANTALONGON HEALTH CENTER MANTALONGON DALAGUETE CEBU (City/Municipality) (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of births to parents including stillbirths) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 2903 grams
MOTHER	7. MAIDEN NAME (First) GENEBETH (Middle) AMANCIO (Last) PAREL			
	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 this birth (completed years) 26			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ABLAYAN DALAGUETE CEBU PHILIPPINES				
FATHER	14. NAME (First) JUANITO JR. (Middle) RABUTIN (Last) ESTORCO			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION DRIVER	
	18. AGE at the time of this birth (completed years) 25			
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ABLAYAN DALAGUETE CEBU PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) July 26, 2012		20b. PLACE (City/Municipality) (Province) (Country) DALAGUETE CEBU PHILIPPINES		
21a. ATTENDANT ____ 1. Physician ____ 2. Nurse <input checked="" type="checkbox"/> 3. Midwife ____ 4. Healer (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 1:20PM am/pm on the date of birth specified above.				
Signature _____ Name in Print GENEVEVE O. MOSQUEDA		Address CAWAYAN, DALAGUETE, CEBU Date MARCH 08, 2013		
Title or Position RHM				
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 _____ Name in Print GENEBETH ESTORCO		Signature _____ Name in Print CIRIACA A. ANBRAD		
Relationship to the Child MOTHER		Title or Position RHM		
Address ABLAYAN, DALAGUETE, CEBU		Date MARCH 08, 2013		
Date MARCH 08, 2013				
24. RECEIVED BY Signature _____ Name in Print RACHEL MAY S. ALBERCA		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print MARIE FE V. ZAMBRANO		
Title or Position Admin. Aide IV		Title or Position M C R		
Date 19 MAR 2013		Date 19 MAR 2013		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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