



(to be accomplished in quadruplicate using black ink)

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

Municipal Form No. 102 (Revised January, 2007)		Registry No. 2019-03173		
Province CEBU		City/Municipality MANDAUE CITY		
CHILD	1. NAME (First) (Middle) (Last) ZECHARIAH ZED LUSOCON PINCA			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 02 APRIL 2019		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) SEAMEN'S HOSPITAL, UMAPAD, MANDAUE CITY, CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the child to previous live births including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 3, 200 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JOHANNA CANETE LUSOCON			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT CHRISTIAN	
	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 HOUSEWIFE
	12. AGE at the time of this birth (completed years) 35			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) CASILI, CONSOLACION, CEBU, PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) GIOVANNIE LUMAYNO PINCA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT CHRISTIAN	
	17. OCCUPATION SEAFARER		18. AGE at the time of this birth (completed years) 35	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) CASILI, CONSOLACION, CEBU, PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) JANUARY 26 2015		20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY, CEBU, PHILIPPINES		
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 7:45 AM on the date of birth specified above.				
Signature _____ Name in Print LIZA G. JAVIER		Address SEAMEN'S HOSPITAL UMAPAD, MANDAUE CITY, CEBU		
Title or Position OB/GYNE		Date APRIL 02, 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 JOHANNA L. PINCA Relationship to the Child MOTHER Address CASILI, CONSOLACION, CEBU Date APRIL 02, 2019		23. PREPARED BY Signature _____ Name in Print KRISTOFER LANZ S. CUBA Title or Position MRD - SUPVR. Date APRIL 02, 2019		
24. RECEIVED BY Signature _____ Name in Print EMMA LU R. BERENDSF Title or Position OFFICE AIDE Date APR 08 2019		25. REGISTERED BY THE CIVIL REGISTRAR, Signature _____ Name in Print THELMA C. CRISOLOGO Title or Position CITY CIVIL REGISTRAR Date APR 08 2019		
REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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