



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2017-4083
City/Municipality LAPU-LAPU CITY

CHILD

1. NAME (First) (Middle) (Last)
MIKE CHESTER FLORES DOYOHIM

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)
05 JULY 2017

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
WELL FAMILY MIDWIFE CLINIC, PAJAC LAPU-LAPU 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD 6. WEIGHT AT BIRTH 3175 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
ANNALIZA ZAMORA FLORES

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 HOUSEPARENT 12. AGE at the time of this birth (completed years) 28

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SANGI, PAJO LAPU-LAPU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
MARLOU OMOLON DOYOHIM

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TEACHER 18. AGE at the time of this birth (completed years) 29

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SANGI, PAJO LAPU-LAPU 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) NOT APPLICABLE

21a. ATTENDANT
1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 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 09:31 PM am/pm on the date of birth specified above.

Signature [Signature] Address BRGY. PAJAC LAPU-LAPU CITY, CEBU
Name in Print NORMA Y. CABRERA
Title or Position MIDWIFE Date JULY 6, 2017

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature [Signature]
Name in Print ANNALIZA Z. FLORES
Relationship to the Child MOTHER
Address SANGI, PAJO, LAPU-LAPU CITY, CEBU
Date JULY 6, 2017

23. PREPARED BY

Signature [Signature]
Name in Print NORMA Y. CABRERA
Title or Position MIDWIFE
Date JULY 6, 2017

24. RECEIVED BY

Signature [Signature]
Name in Print MANUE R. PACILAN, Jr.
Title or Position ASSISTANT REGISTRATION OFFICER
Date JUL 17 2017

25. REGISTERED BY THE CIVIL REGISTRAR

Signature [Signature]
Name in Print YOLANDA C. PANGATUNGAN
Title or Position CIC-CITY CIVIL REGISTRAR
Date JUL 17 2017

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)