



Municipal Form No. 102  
Revised January 2007

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

Registry No.  
**2012 29605**

Province **CEBU**  
City/Municipality **CEBU CITY**

CHILD	1. NAME (First) (Middle) (Last) <b>KEIRTH LOUE FLORES ESCARDA</b>		
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>9 SEPTEMBER 2012</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>WELL FAMILY MIDWIFE CLINIC COGON PARDO CEBU CITY</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the birth to previous live births including stillbirths) (First, Second, Third, etc.) <b>FIRST</b>

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>ANGELICA PONSIKA FLORES</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>NONE</b>
	12. AGE at the time of this birth (completed years) <b>17</b>		13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BAKAY RILLES II MINGLANILLA CEBU PHILS.</b>	

FATHER	14. NAME (First) (Middle) (Last) <b>LEAVINWORTH CAPUYAN ESCARDA</b>		
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
	17. OCCUPATION <b>STUDENT</b>		18. AGE at the time of this birth (completed years) <b>21</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BAKAY RILLES II MINGLANILLA CEBU PHILS.</b>		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the birth.)

20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>
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21a. ATTENDANT

1 Physician 2 Nurse  3 Midwife 4 Pilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Pilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **1:03am** on the date of birth specified above.

Signature: *[Signature]* Address: **WELL FAMILY MIDWIFE CLINIC COGON PARDO CEBU CITY**

Name in Print: **GENEVIEVE C. SUAZO** Date: **9-15-12**

Title or Position: **REGISTERED MIDWIFE**

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: **LEAVINWORTH C. ESCARDA**

Relationship to the Child: **FATHER**

Address: **BAKAY RILLES MINGLANILLA CEBU**

Date: **9-15-12**

23. PREPARED BY

Signature: *[Signature]* Name in Print: **MONECA T. ERAG**

Title or Position: **REGISTERED MIDWIFE**

Date: **9-15-12**

24. RECEIVED BY

Signature: *[Signature]* Name in Print: **RIDOLITO P. YBANEZ**

Title or Position: **Administrative Aide I**

Date: **OCT 03 2012**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature: *[Signature]* Name in Print: **OSCAR B. MOLO**

Title or Position: **ASSISTANT CITY CIVIL REGISTRAR**

Date: **OCT 03 2012**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) **OCT 03 2012**

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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08356-1C-400ARM-00709-BI001

BEST POSSIBLE IMAGE



T400083564000070911172022001  
C4800295736

BReN  
02217-B12S902-8

Documentary  
Stamp Tax Paid

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

