



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 CEBU		Registry No. 2020 11084	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) PRINCESS SARAH FERNANDEZ CAÑETE			
2. SEX (Male / Female) FEMALE		3. DATE OF BIRTH (Day) (Month) (Year) 29 MAY 2020	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) MARGARITA BIRTHING CENTER 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 this birth previous live births including fetal death) (First, Second, Third, etc.) SECOND
		6. WEIGHT AT BIRTH 2500 grams	
7. MAIDEN NAME (First) (Middle) (Last) EUNICE LABONITE FERNANDEZ			
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 SALES ASSOCIATE
12. AGE at the time of this birth (completed years) 22			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 110-J VILLAGONZALO TEJERO CEBU CITY CEBU PHILIPPINES			
14. NAME (First) (Middle) (Last) CRISJOHN LLOYD SALBORO CAÑETE			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SALES AGENT
18. AGE at the time of this birth (completed years) 24			
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 110-J VILLAGONZALO TEJERO 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/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 03:00 AM on the date of birth specified above.			
Signature _____ Name in Print MARGARITA F. CODERA		Address 96-J GORORDO AVE. KAMPUTHAW, CEBU CITY, CEBU	
Title or Position MIDWIFE		Date MAY 29, 2020	
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 EUNICE L. FERNANDEZ Relationship to the Child MOTHER Address CEBU CITY, CEBU Date MAY 29, 2020		23. PREPARED BY Signature _____ Name in Print ENRIQUE V. LAGARI Title or Position MIDWIFE Date MAY 29, 2020	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position Administrative Aide III Date JUN 4 2020		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PHILIPP A. MEGABON Title or Position REGISTRATION OFFICER IV Date JUN 4 2020	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19 0 1 0 8 1 4 4 6 0 9 0 2 2 1 7 0 1 0 8 5 2 2 6 0 8 0 2 2 1 7			

08794-63-400JVH-02522-BI001
BEST POSSIBLE IMAGE

T002087944000252201292024001



CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

