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Municipal Form No. 102 (Revised August 2016) (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. 2022 22117
City/Municipality: CEBU CITY

CHILD
1. NAME (First) ZABATE (Middle) LARGO (Last)
2. SEX (Male / Female) MALE
3. DATE OF BIRTH (Day) 21 (Month) NOVEMBER (Year) 2022
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SOUTHWESTERN UNIVERSITY MEDICAL CENTER, URGELLO ST., CEBU CITY, CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A
5c. BIRTH ORDER (Order of the birth, or previous live births including胎死) (First, Second, Third, etc.) SECOND
6. WEIGHT AT BIRTH 4060 grams

MOTHER
7. MAIDEN NAME (First) JOY ANNE (Middle) ENTERO (Last) ZABATE
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 CSR
12. AGE at the time of this birth (completed years) 28
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
SITIO CARDAVA, BASAK, MANDAUE CITY, CEBU, PHILIPPINES

FATHER
14. NAME (First) ARTHUR BRYAN (Middle) TEJADA (Last) LARGO
15. CITIZENSHIP FILIPINO
16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
17. OCCUPATION FAMILY DRIVER
18. AGE at the time of this birth (completed years) 35
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
VILLA-LAGUNA, KIMBA, CANSONG, TALISAY CITY, CEBU, PHILIPPINES

MARRIAGE OF PARENTS (If not named, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
20a. DATE (Month) (Day) (Year) NOT MARRIED
20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED

21a. ATTENDANT
1. Physician 2. Nurse 3. Midwife 4. Traditional Birth Attendant 5. Others (Specify) _____
21b. CERTIFICATION OF ATTENDANT AT BIRTH: Physician, Nurse, Midwife, Traditional Birth Attendant, _____ 10:05 PM
I hereby certify that I attended the birth of the child who was born alive to _____ on the date of birth specified above.

Signature: MINNIE SHERYL APULI, M.D. Address: Urgello St, Cebu City
Name in Print: MINNIE SHERYL APULI, M.D. Date: November 17, 2022
Title or Position: ATTENDING PHYSICIAN

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature: JOY ANNE E. ZABATE
Name in Print: JOY ANNE E. ZABATE
Relationship to the Child: Mother
Address: SITIO CARDAVA, BASAK, MANDAUE CITY
Date: November 21, 2022

23. PREPARED BY
Signature: HAIDEE M. ORNOPIA
Name in Print: Head - Medical Records
Title or Position: November 21, 2022
Date: _____

24. RECEIVED BY
Signature: LUZ N. CUGAY
Name in Print: Administrative Aide III
Title or Position: _____
Date: DEC 21 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: PHILIPP A. MEGABON
Name in Print: PHILIPP A. MEGABON
Title or Position: REGISTRATION OFFICER IV
Date: DEC 21 2022

REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)

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

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BEST POSSIBLE IMAGE

CSM
CLARE DENNIS S. MAPA Ph.D.