(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province: CEBU
City/Municipality: CEBU CITY
Register No.: 20093031

For OCRG USE ONLY: Registration No.

CHILD

1. NAME — (First) KIAN DAVE — (Middle) CABUCOS — (Last) PAKIDING

2. SEX — M 1 Male ____ 2 Female

3. DATE OF BIRTH (day) (month) (year) — 12 JANUARY 2009

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province) — VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH — X 1 Single ____ 2 Twin ____ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS ____ 1 First ____ 2 Second ____ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) — FIRST (first, second, third, etc.)

d. WEIGHT AT BIRTH — 2,900 grams

MOTHER

6. MAIDEN NAME — (First) JECIEL — (Middle) SALVADO — (Last) CABUCOS

7. CITIZENSHIP — FILIPINO

8. RELIGION — ROMAN CATHOLIC

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION — NONE

11. Age at the time of this birth: 18 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) — CANSOJONG, TALISAY CITY, CEBU

FATHER

13. NAME — (First) RYANN — (Middle) LAGAHIT — (Last) PAKIDING

14. CITIZENSHIP — FILIPINO

15. RELIGION — ROMAN CATHOLIC

16. OCCUPATION — SALES AGENT

17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) — NOT MARRIED

19a. ATTENDANT — X 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot (Traditional Midwife) ____ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 5:42 A.M. o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: RENNA CRISTINA BUMATAY M.D.
Title or Position: MEDICAL OFFICER III
Address: VSMMC
Date: JANUARY 12, 2009

20. INFORMANT

Signature: [signature]
Name in Print: JECIEL S. CABUCOS
Relationship to the child: MOTHER
Address: CANSOJONG, TALISAY CITY, CEBU
Date: JANUARY 12, 2009

21. PREPARED BY

Signature: [signature]
Name in Print: GRACE B. QUITALIG
Title or Position: NURSE II
Date: JANUARY 12, 2009

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: OSCAR B. MOLO
Title or Position: REGISTRATION OFCR. IV
Date: JAN 2 9 2009

05414-G0-400VGF-00142-BI009
BEST POSSIBLE IMAGE
BReN
02217-B09AC0K-4
Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.