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National Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH			
Province <b>CEBU</b>			Registry No. <b>2016-1581</b>		
City/Municipality <b>TALISAY CITY</b>					
CHILD	1. NAME (First) <b>IRIS GABRIELA</b> (Middle) <b>CARUO</b> (Last) <b>PAKIDING</b>				
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>6</b> (Month) <b>JUNE</b> (Year) <b>2016</b>			
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Health Center, Home No., St., Barangay) <b>WELL FAMILY MIDWIFE CLINIC SAN ISIBO TALISAY CITY CEBU</b>	5. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	6. MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	7. BIRTH ORDER (How ordered in family, Second, Third, etc.) <b>THIRD</b>	8. WEIGHT AT BIRTH (Pounds, Ounces) <b>2,000 grams</b>
	7. MOTHER'S NAME (First) <b>JECIEL</b> (Middle) <b>SALVADO</b> (Last) <b>CARUO</b>				
MOTHER	9. CITIZENSHIP <b>FILIPINO</b>	10. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>			
	11a. Total number of children born alive <b>5</b>	11b. No. of children still being included in this birth <b>3</b>	11. OCCUPATION <b>CASHIER</b>	12. AGE at the time of this birth (Completed years) <b>25</b>	
	13. RESIDENCE (House No., St., Barangay) <b>BASE BEACH, CAMBOJONG</b> (City/Municipality) <b>TALISAY CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>				
	14. NAME (First) <b>RYANN</b> (Middle) <b>LAGUNIT</b> (Last) <b>PAKIDING</b>				
FATHER	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		17. OCCUPATION <b>CRICKER</b>	
	18. RESIDENCE (House No., St., Barangay) <b>BASE BEACH, CAMBOJONG</b> (City/Municipality) <b>TALISAY CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>				
	MARRIAGE OF PARENTS (If not married, indicate a Month of Acknowledgment/Declaration of Paternity at the birth.)				
	20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>			
21a. ATTENDANT					
1. Physician <input type="checkbox"/> 2. Nurse <input checked="" type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify)					
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>3:31</b> am/pm on the date of birth specified above.					
Signature <i>[Signature]</i>			Address <b>WELL FAMILY MIDWIFE CLINIC</b>		
Name in Print <b>NATARINA B. DANTA</b>			Address <b>SAN ISIBO, TALISAY CITY, CEBU</b>		
Title or Position <b>CLINIC MANAGER</b>			Date <b>JUNE 6, 2016</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my best knowledge and belief.			23. PREPARED BY		
Signature <i>[Signature]</i>			Signature <i>[Signature]</i>		
Name in Print <b>JECIEL S. CARUO</b>			Name in Print <b>MARIA YE ORDISIA</b>		
Relationship to the Child <b>MOTHER</b>			Title or Position <b>RD, MIDWIFE</b>		
Address <b>BASE BEACH, CAMBOJONG, TALISAY CITY, CEBU</b>			Date <b>JUNE 6, 2016</b>		
24. RECEIVED BY			25. RECEIVED BY THE CIVIL REGISTRAR		
Signature <i>[Signature]</i>			Signature <i>[Signature]</i>		
Name in Print <b>MARIE GRACE B. HENSON</b>			Name in Print <b>FERRITE LOURDES G. CABANERO</b>		
Title or Position <b>COMP. PROGRAMMER</b>			Title or Position <b>CITY CIVIL REGISTRAR</b>		
Date <b>JUN 03 2016</b>			Date <b>JUN 04 2016</b>		
REMARKS/ANNOTATIONS (For LCR/OCRS Use Only)					

