



Municipal Form No. 102
Revised January 2007

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

(To be accomplished in quadruplicate using blue ink)

209
J A / 314
2014 - 1922

Province CEBU		Registry No. 2014-1922		
City/Municipality TALISAY CITY				
CHILD	1. NAME (First) DRAKE ALEXIS (Middle) CABUCOS (Last) PAKIDING			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 11 (Month) JULY (Year) 2014		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CANSOJONG BHS CANSOJONG TALISAY 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 this birth to previous live births including胎死 in utero) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 3,200 grams
MOTHER	7. MAIDEN NAME (First) JECIEL (Middle) SALVADO (Last) CABUCOS			
	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 HOUSEKEEPER
	12. AGE at the time of the birth (completed years) 23	13. RESIDENCE (House No., St., Barangay) BASE CANSOJONG TALISAY CITY CEBU PHILIPPINES		
FATHER	14. NAME (First) RYANN (Middle) LAGAHIT (Last) PAKIDING			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	17. OCCUPATION LABORER	18. AGE at the time of the birth (completed years) 29		
	19. RESIDENCE (House No., St., Barangay) BASE CANSOJONG TALISAY CITY CEBU PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED		
21a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 3:25 am/pm on the date of birth specified above.				
Signature _____ Name in Print HARRIET C. DE VILLA Title or Position MIDWIFE		Address CANSOJONG, TALISAY CITY, CEBU Date 07-11-14		
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 JECIEL CABUCOS Relationship to the Child MOTHER Address CANSOJONG, TALISAY CITY, CEBU Date 07-11-14		23. PREPARED BY Signature _____ Name in Print HARRIET C. DE VILLA Title or Position MIDWIFE Date 07-11-14		
24. RECEIVED BY Signature _____ Name in Print LILYBETH A. BARLISO Title or Position ADMIN ASSISTANT 11 Date JUL 31 2014		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print FEBETH LOUSTES G. CABANERO Title or Position CITY CIVIL REGISTRAR Date JUL 31 2014		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				