Municipal Form No. 102
(Revised August 2016)

accomplished in quadruplicate using the

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

# CERTIFICATE OF LIVE BIRTH

Province: CEBU
City/Municipality: CEBU CITY

Registry No. 2020 05959

**CHILD**

1. NAME (First): AARON ZYRIEL (Middle): PANILAGAO (Last): CABALLERO
2. SEX (Male / Female): MALE
3. DATE OF BIRTH (Day): 10 (Month): MARCH (Year): 2020
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay): MARY CLAIRE MATERNITY CLINIC (City/Municipality): TINAGO, CEBU CITY (Province): 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 fetal death) (First, Second, Third, etc.): SECOND
6. WEIGHT AT BIRTH: 3,600 grams

**MOTHER**

7. MAIDEN NAME (First): MERY JEANE (Middle): MATAS (Last): PANILAGAO
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 this birth (completed years): 23
13. RESIDENCE (House No., St., Barangay): 272-I GORORDO AVE. KAMPUTHAW (City/Municipality): CEBU CITY (Province): CEBU (Country): PHILIPPINES

**FATHER**

14. NAME (First): JANRIEL (Middle): PASCULADO (Last): CABALLERO
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: SALES ASSOCIATE
18. AGE at the time of the birth (completed years): 23
19. RESIDENCE (House No., St., Barangay): 272-I GORORDO AVE. KAMPUTHAW (City/Municipality): CEBU CITY (Province): CEBU (Country): 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
___1 Physician ___2 Nurse X 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 6:26 AM am/pm on the date of birth specified above.

Signature: [signature]
Name in Print: EVERLYN G. ROJAS
Title or Position: MIDWIFE
Address: TINAGO, CEBU CITY, CEBU
Date: MARCH 10,2020

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: [signature]
Name in Print: MERY JEANE M. PANILAGAO
Relationship to the Child: MOTHER
Address: KAMPUTHAW, CEBU CITY, CEBU
Date: MARCH 10,2020

23. PREPARED BY
Signature: [signature]
Name in Print: EVERLYN G. ROJAS
Title or Position: MIDWIFE
Date: MARCH 10,2020

24. RECEIVED BY
Signature: [signature]
Name in Print: LUZ N. CUGAY
Title or Position: Administrative Aide III
Date: MAR 1 1 2020

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: PHILIPP A. MEGABON
Title or Position: REGISTRATION OFFICER IV
Date: MAR 1 1 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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BEST POSSIBLE IMAGE
T4000827140001095082420220 01
XP500696536

BReN
02217-B20EA0T-5

Documentary
Stamp Tax Paid

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