



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. 2017 33854																	
City/Municipality CEBU CITY																			
CHILD	1. NAME (First) (Middle) (Last) ASHRIEL EDIEL ZAYNE PANILAGAO CABALLERO																		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 14 NOVEMBER 2017																	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ 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 this birth to previous live births including fetal death) (First, Second, Third, etc.) 1ST	6. WEIGHT AT BIRTH 3,050 grams															
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MERY JEANE MATAS PANILAGAO																		
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC																
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE															
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 272-I GORORDO AVE. CEBU CITY CEBU PHILIPPINES		12. AGE at the time of the birth (completed years) 21																
FATHER	14. NAME (First) (Middle) (Last) JANRIEL PASCULADO CABALLERO																		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION TECHNICIAN																
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 272-I GORORDO AVE. CEBU CITY CEBU PHILIPPINES		18. AGE at the time of the birth (completed years) 20																
	MARRIAGE OF PARENTS (If not married, accompany 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 <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input 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 1:00 PM on the date of birth specified above																			
Signature DIORELLE MALAQUE, MD		Address VSMCM, CEBU CITY																	
Name in Print MEDICAL OFFICER III		Date NOVEMBER 14, 2017																	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature Mery Jeane M. Panilagao Name in Print MERY JEANE M. PANILAGAO Relationship to the Child MOTHER Address CEBU CITY, CEBU Date NOVEMBER 14, 2017		23. PREPARED BY Signature _____ Name in Print JOHANNA PAULA C. MANSUETO Title or Position CLERK Date NOVEMBER 14, 2017																	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 11 DEC 2017		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PHILIPPA A. MEGABON Title or Position REGISTRATION OFFICER IV Date 11 DEC 2017																	
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



BReN
02217-B17WE11-6
Documentary
Stamp Tax Paid

Josie B. Perez
JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)

