



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 black ink)

Province **CEBU** Registry No. **2014-3522**
 City/Municipality **IAPU-IAPU CITY**

CHILD
 1. NAME (First) **KENIDY KELLY** (Middle) **BARING** (Last) **OMPAD**
 2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **31** (Month) **MAY** (Year) **2014**
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) **ESTARDO'S BIRTHING HOME-MACTAN PROPER, IAPU-IAPU CITY, CEBU**
 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **FIRST** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 5d. WEIGHT AT BIRTH **2,994** grams

MOTHER
 7. MAIDEN NAME (First) **JESSIE ROSE** (Middle) **SUSAS** (Last) **BARING**
 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 **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **23**
 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **BANKAL PROPER IAPU-IAPU CITY CEBU PHILS.**

FATHER
 14. NAME (First) **ROLAND** (Middle) **APA** (Last) **OMPAD**
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **23**
 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **BANKAL PROPER IAPU-IAPU CITY CEBU PHILS.**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
 20a. DATE (Month) (Day) (Year) **N.A.** 20b. PLACE (City / Municipality) (Province) (Country) **N.A.**

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 **4:16 PM** on the date of birth specified above
 Signature *Nancy A. Sardido* Address **MACTAN PROPER**
 Name in Print **NANCY A. SARDIDO** **IAPU-IAPU CITY**
 Title or Position **REGISTERED MIDWIFE** Date **MAY 31, 2014**

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.
 Signature *Jessie Rose Baring* Signature *Nancy A. Sardido*
 Name in Print **JESSIE ROSE BARING** Name in Print **NANCY A. SARDIDO**
 Relationship to the Child **MOTHER** Title or Position **REGISTERED MIDWIFE**
 Address **BANKAL PROPER, IAPU-IAPU CITY** Date **MAY 31, 2014**

23. PREPARED BY
 Signature *Cipriano D. Flores*
 Name in Print **CIPRIANO D. FLORES, MD, FPGVI**
 Title or Position **CITY CIVIL REGISTRAR**
 Date **JUN 03 2014**

24. RECEIVED BY
 Signature *Maria Audien R. Taned*
 Name in Print **MARIA AUDIEN R. TANED**
 Title or Position **ADM. AIDE III**
 Date **JUN 03 2014**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
 8 9 11 13 15 16 17 19

07956-D7-400MMT-00919-BI011

BEST POSSIBLE IMAGE



BReN 02226-B14JX05-4

Documentary

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