



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. 2022 20619  
City/Municipality CEBU CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
REY STEVEN YU TABANAS

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)  
12 NOVEMBER 2022

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (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 legal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2,875 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
FLORAMIE CABAMO YU

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 ENCODER 12. AGE at the time of the birth (completed years) 27

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SAN ANTONIO DE PADDUA, INAWAYAN CEBU CITY CEBU PHILIPPINES

**FATHER**

14. NAME (First) (Middle) (Last)  
REY JAVIER MENDEZ TABANAS

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION COORDINATOR 18. AGE at the time of the birth (completed years) 29

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
SAN ANTONIO DE PADDUA, INAWAYAN CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) JULY 9, 2022 20b. PLACE (City / Municipality) (Province) (Country)  
CEBU CITY CEBU PHILIPPINES

21a. ATTENDANT

1 Physician  2 Nurse  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 10:50 PM on the date of birth specified above.

Signature \_\_\_\_\_ Address VSMMC, CEBU CITY

Name in Print MAEBEN XYZA MARIE C. HO, MD

Title or Position MEDICAL OFFICER III Date NOVEMBER 12, 2022

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 REY JAVIER M. TABANAS

Relationship to the Child FATHER

Address CEBU CITY, CEBU

Date NOVEMBER 12, 2022

23. PREPARED BY

Signature \_\_\_\_\_

Name in Print JEHZEL C. BARDINAS

Title or Position CLERK

Date NOVEMBER 12, 2022

24 RECEIVED BY

Signature \_\_\_\_\_

Name in Print LUZ N. CUGAY

Title or Position Administrative Aide III

Date DEC 01 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature \_\_\_\_\_

Name in Print PHILIPP A. MEGABON

Title or Position REGISTRATION OFFICER IV

Date DEC 01 2022

REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only)