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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
City/Municipality: CEBU CITY
Registry No. 2024 00774

CHILD

1. NAME (First): ZIA TALEIGHA (Middle): PINOTE (Last): SINAMBONG
2. SEX (Male / Female): FEMALE
3. DATE OF BIRTH (Day): 28 (Month): DECEMBER (Year): 2023
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay): CEBU CITY MEDICAL CENTER (City/Municipality): 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 in previous live births including fetal death) (First, Second, Third, etc.): FIRST
6. WEIGHT AT BIRTH: 3100 grams

MOTHER

7. MAIDEN NAME (First): DIZA MARIE (Middle): ROMAGOS (Last): PINOTE
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: BUSINESS
12. AGE at the time of this birth (completed years): 27
13. RESIDENCE (House No., St., Barangay): GIL TUDTUD ST., BARANGAY MABOLO (City/Municipality): CEBU CITY (Province): CEBU (Country): PHILIPPINES

FATHER

14. NAME (First): RAMON JR. (Middle): BROÑOLA (Last): SINAMBONG
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: CSR
18. AGE at the time of this birth (completed years): 27
19. RESIDENCE (House No., St., Barangay): GIL TUDTUD ST., BARANGAY MABOLO (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): N.A.

21a. ATTENDANT
X 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 3:13 AM am/pm on the date of birth specified above.

Signature: [signature]
Name in Print: FATIMA MARWA T. MAGHINAY, MD.
Title or Position: PHYSICIAN
Address: N. BACALSO AVENUE, CEBU CITY
Date: DECEMBER 28, 2023

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: DIZA MARIE R. PINOTE
Relationship to the Child: MOTHER
Address: GIL TUDTUD ST., BARANGAY MABOLO
Date: JANUARY 05, 2024

23. PREPARED BY
Signature: [signature]
Name in Print: ERLINDA S. TABUYAN
Title or Position: ADMINISTRATIVE ASSISTANT II
Date: JANUARY 05, 2024

24. RECEIVED BY
Signature: [signature]
Name in Print: LUZ N. CUGAY
Title or Position: Administrative Aide III
Date: JAN 11 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: PHILIP A. MEGABON
Title or Position: REGISTRATION OFFICER IV
Date: JAN 11 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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CLAIRE DENNIS S. MAPA, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority