



Municipal Form No. 102
(Revised January 2007)

(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. 2016-4406	
City/Municipality MANDAUE CITY			
1. NAME (First) KIANNICA NEVAH (Middle) (Last)		CATAROS	
2. SEX (Male/Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 24 MAY 2016		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) DR. I.M. CORTES GEN. HOSP. INC. MANDAUE CITY CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the birth to previous live births excluding fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2722 grams
7. MAIDEN NAME (First) (Middle) (Last) MARIE ILA SACAY CATAROS		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
8. CITIZENSHIP FILIPINO		11. OCCUPATION	
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	12. AGE at the time of this birth (completed years) 20
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 10 CARRERA ST. CASUNTINGAN MANDAUE CITY CEBU PHILIPPINES			
14. NAME (First) (Middle) (Last) MANDAUE CITY CEBU PHILIPPINES		18. AGE at the time of this birth (completed years)	
15. CITIZENSHIP		17. OCCUPATION	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year)		20b. PLACE (City/Municipality) (Province) (Country)	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 7:06 am/pm on the date of birth specified above.			
Signature <i>[Signature]</i> Name in Print DR. MOONYEEN ARUELO Title or Position OB - GYNE		Address c/o DR. I.M. CORTES GEN. HOSP. IBABAO, MANDAUE CITY Date MAY 24, 2016	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print MARIE ILA S. CATAROS Relationship to the Child MOTHER Address 10 CARRERA ST. CASUNTINGAN, M.C. Date MAY 24, 2016		23. PREPARED BY Signature <i>[Signature]</i> Name in Print JOANNA GEM DAJAO Title or Position R.N. Date MAY 24, 2016	
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print GISELLE LABUGHO Title or Position ADM. AIDE Date JUN 07 2016		25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print THELMA G. CRISOLOGO Title or Position CITY CIVIL REGISTRAR Date JUN 07 2016	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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15	16	17	19

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BEST POSSIBLE IMAGE



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[Signature]

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

