


 Municipal Form No. 103  
 Revised January 2007

 Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Completed in quadruplicate using black ink)

Province <b>CEBU</b>		City/Municipality <b>CEBU CITY</b>		Registry No. <b>2012 30427</b>	
CHILD	1. NAME (First) <b>RACHEL MARGARETTE</b>	(Middle) <b>MAR</b>	(Last) <b>RODRIGUEZ</b>		
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>25</b>	(Month) <b>SEPTEMBER</b>	(Year) <b>2012</b>	
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) <b>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</b>	(City/Municipality) <b>CEBU CITY</b>	(Province) <b>CEBU</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>FIRST</b>	5c. BIRTH ORDER (same as above) to parents or both including stillbirths (First, Second, Third, etc.) <b>FIRST</b>	5. WEIGHT AT BIRTH <b>2,800</b> grams	
MOTHER	7. MAMEN NAME (First) <b>RAMITCHELLE</b>	(Middle) <b>DUACANTE</b>	(Last) <b>MAR</b>		
	8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>			
	10a. Total number of children born alive <b>0</b>	10b. No. of children born alive but are now dead <b>0</b>	10c. No. of children born stillborn <b>0</b>	11. OCCUPATION <b>TECH. SUPPORT REP.</b>	12. AGE at the time of the birth (completed years) <b>24</b>
	13. RESIDENCE (House No., St., Barangay) <b>SITIO MANGGA JUGAN, CONSOLACION, CEBU, PHILS.</b> (City/Municipality) (Province) (Country)				
FATHER	14. NAME (First) <b>GIL VINCENT</b>	(Middle) <b>URSAL</b>	(Last) <b>RODRIGUEZ</b>		
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>DRIVER</b>	18. AGE at the time of the birth (completed years) <b>23</b>	
	19. RESIDENCE (House No., St., Barangay) <b>SITIO MANGGA JUGAN, CONSOLACION, CEBU, PHILS.</b> (City/Municipality) (Province) (Country)				
MARRIAGE OF PARENTS (If not married, attempt to Affidavit of Acknowledgment/Admission of Paternity at the bank.)					
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>			
21a. ATTENDANT <input 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) _____ <input checked="" type="checkbox"/> 6. UNIDENTIFIED (Not documented and not identified) <input type="checkbox"/> 7. Midwife (Traditional Birth Attendant, etc.) I hereby certify that I observed the birth of this child on the date of birth specified above.					
Signature <b>HENRY D. CORDOVEZ, M.D.</b>		Address <b>CEBU PUER. CNTR. &amp; MATERNITY HOUSE, INC., CEBU CITY</b>			
Title or Position <b>PHYSICIAN</b>		Date <b>25 SEPTEMBER 2012</b>			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <b>RAMITCHELLE D. MAR</b> Name in Print <b>MOTHER</b> Relationship to the Child <b>MOTHER</b> Address <b>JUGAN, CONSOLACION, CEBU</b> Date <b>25 SEPTEMBER 2012</b>		23. PREPARED BY Signature <b>CLARISA T. ROSAS</b> Name in Print <b>CLERK</b> Title or Position <b>CLERK</b> Date <b>25 SEPTEMBER 2012</b>			
24. RECEIVED BY Signature <b>RIDOLITO P. YBAÑEZ</b> Name in Print <b>ADMINISTRATIVE AIDE I</b> Title or Position <b>ACT 1 2012</b> Date <b>ACT 1 2012</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature <b>OSCAR B. MOLO</b> Name in Print <b>ASST. CITY CIVIL REGISTRAR</b> Title or Position <b>ACT 1 2012</b> Date <b>ACT 1 2012</b>			
REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
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BEST POSSIBLE IMAGE

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 Lisa Grace S. Bersales  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority
