



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. **2018 31535**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **NATHAN GABRIEL** (Middle) **CORTEZ** (Last) **CANOY**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **18** (Month) **NOVEMBER** (Year) **2018**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) **CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c. BIRTH ORDER (Order of this birth to previous live births including stillbirths) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3,450** grams

MOTHER

7. MAIDEN NAME (First) **CHERREMAE** (Middle) **ROCHE** (Last) **CORTEZ**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **CHRISTIAN**
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 **NONE** 12. AGE at the time of this birth (completed years) **20**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **PH2A B14 L14 VILLA LEYSON BACAYAN, CEBU CITY, CEBU, PHILS.**

FATHER

14. NAME (First) **GENESIS** (Middle) **ABIVA** (Last) **CANOY**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **CHRISTIAN** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **28**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **P2A B14 L14 VILLA LEYSON BACAYAN, CEBU CITY, CEBU, PHILS.**

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) **NOT MARRIED**

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 **8:47 AM** on the date of birth specified above.

Signature *[Signature]* Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**
Name in Print **SHERRY ANN W. HOLAYSAN, M.D.**
Title or Position **PHYSICIAN** Date **18 NOVEMBER 2018**

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 **CHERREMAE R. CORTEZ** Relationship to the Child **MOTHER** Address **BACAYAN, CEBU CITY, CEBU** Date **18 NOVEMBER 2018**

23. PREPARED BY
Signature *[Signature]* Name in Print **MARGIE S. TABORADA** Title or Position **CLERK** Date **18 NOVEMBER 2018**

24. RECEIVED BY
Signature *[Signature]* Name in Print **LUZ N. CUGAY** Title or Position **ADMINISTRATIVE AIDE III** Date **NOV 28 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]* Name in Print **PHILIP A. MEGABON** Title or Position **REGISTRATION OFFICER IV** Date **NOV 28 2018**

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

09102-FA-999DCB-05779-BI001

BEST POSSIBLE IMAGE

BReN
02217-B18WJOC-4

[Signature]

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