



Municipal Form No. 102 (Revised August 2016) (Completed in quadruplicate using black ink)

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

Province CEBU Registry No. 2022 14548
City/Municipality CEBU CITY

CHILD

1. NAME (First) SAFIRA GRAY (Middle) MIRAFUENTES (Last) BOOC
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 25 (Month) AUGUST (Year) 2022
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SAINT ANTHONY MOTHER and CHILD HOSPITAL - BASAK SAN NICOLAS - CEBU CITY - CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N.A. 6. BIRTH ORDER (Order of this birth in previous live births including胎死) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2900 grams

MOTHER

7. MAIDEN NAME (First) NICOLE (Middle) MIRAFUENTES (Last) MIRAFUENTES
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 0 10b. No. of children still living including this birth 0 10c. No. of children - born alive but are now dead 0 11. OCCUPATION CALL CENTER AGENT 12. AGE at the time of this birth (completed years) 21
13. RESIDENCE (House No., St., Barangay) 1719 YAKAL ST., PONCE CAPITOL SITE (City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES

FATHER

14. NAME (First) JOVEN (Middle) PARATIVO (Last) BOOC
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 22
19. RESIDENCE (House No., St., Barangay) 1719 YAKAL ST., PONCE CAPITOL SITE (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) 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 10:30 A.M. am/pm on the date of birth specified above.

Signature _____ Address SAMGH - BASAK SAN NICOLAS
Name in Print DR. BENJAMIN JR. B. BALAORO CEBU CITY, CEBU
Title or Position Medical Officer-III Date AUGUST 25, 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 NICOLE MIRAFUENTES
Relationship to the Child Mother
Address 1719 Yakal St., Ponce Capitol Site, Cebu City, Cebu
Date August 25, 2022

23. PREPARED BY
Signature _____
Name in Print MARGIE B. GABRILLO
Title or Position Nurse I
Date August 25, 2022

24. RECEIVED BY
Signature _____
Name in Print LUZ N. CUGAY
Title or Position Administrative Aide-III
Date SEP 02 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print PHILIPP A. MEGABON
Title or Position REGISTRATION OFFICER IV
Date SEP 02 2022

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19

08600-D0-999DCB-00846-BI001

BEST POSSIBLE IMAGE

BreN
02217-B22RR0F-6

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

