

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

() accomplished in quadruplicate using black ink

Province **CEBU** Registry No. **2022-05359**
City/Municipality **MANDAUE CITY**

CHILD

1. NAME (First) **REGENE MAE** (Middle) **FORSUVELO** (Last) **BUCASAS**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **10** (Month) **JANUARY** (Year) **2006**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **IBABAO-ESTANCIA MANDAUE CITY** (City/Municipality) **CEBU** (Province)
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **1st** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **1st** 6. WEIGHT AT BIRTH **3000** grams

MOTHER

7. MAIDEN NAME (First) **GENALYN** (Middle) **SEGARRA** (Last) **FORSUVELO**
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 **NONE** 12. AGE at the time of this birth (completed years) **20**
13. RESIDENCE (House No., St., Barangay) **FURUK BAYABAS IBABAO-ESTANCIA MANDAUE CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

FATHER

14. NAME (First) **RAYMOND** (Middle) **RICO** (Last) **BUCASAS**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **LABORER** 18. AGE at the time of this birth (completed years) **21**
19. RESIDENCE (House No., St., Barangay) **FURUK BAYABAS IBABAO-ESTANCIA MANDAUE CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **JANUARY 28 2006** 20b. PLACE (City / Municipality) (Province) (Country) **TOLEDO CEBU PHILIPPINES**

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 **7:43am** am/pm on the date of birth specified above.

Signature _____ Address **LOOC MANDAUE CITY**
Name in Print **ANN SEGARRA**
Title or Position **EM** Date **JANUARY 10, 2006**

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 **GENALYN S. FORSUVELO**
Relationship to the Child **MOTHER**
Address **IBABAO MANDAUE CITY**
Date **MAY 16, 2022**

23. PREPARED BY
Signature _____
Name in Print **ANN SEGARRA**
Title or Position **EM**
Date **MAY 16, 2022**

24. RECEIVED BY
Signature _____
Name in Print **Jarey B. Geniza**
Title or Position **Office Aids**
Date **AUG 04 2022**

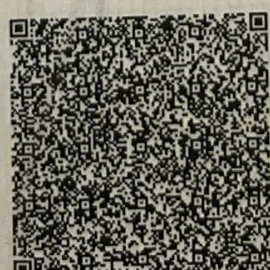
25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **THELMA C. CRISOLOGO**
Title or Position **CITY CIVIL REGISTRAR**
Date **AUG 15 2022**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
PLAYED REGISTRATIUN

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

08839-67-400JDT-01255-BI001
BEST POSSIBLE IMAGE

T001088394000125503142024001



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