

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

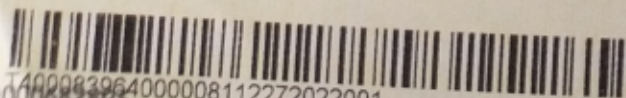
(To be completed in quadruplicate using black ink)

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 20180605	
City/Municipality MINGLANILLA			
1. NAME (First, Middle, Last) HAZENA RAMIREZ GADIANO			
2. SEX (Male/Female) FEMALE		3. DATE OF BIRTH (Day, Month, Year) 01 MAY 2018	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) BEVER MATERNITY CLINIC, 989 WARD II, MINGLANILLA CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of this birth to produce live births including fetal death) (First, Second, Third, etc.) FIRST
6. WEIGHT AT BIRTH 2,313 grams			
7. MOTHER'S NAME (First, Middle, Last) QUIZEL GEONZON RAMIREZ			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT JEHOVAH'S WITNESSES	
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 HOUSEWIFE
12. AGE at the time of this birth (completed years) 23			
13. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) VITO, MINGLANILLA CEBU PHILIPPINES			
14. FATHER'S NAME (First, Middle, Last) HASAN ECHAVEZ GADIANO			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT JEHOVAH'S WITNESSES	
17. OCCUPATION BANK MESSENGER		18. AGE at the time of this birth (completed years) 23	
19. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) VITO, MINGLANILLA CEBU PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month, Day, Year) APRIL 17, 2017		20b. PLACE (City/Municipality, Province, Country) CITY NAGA CEBU PHILIPPINES	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input checked="" 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, etc.) I hereby certify that I attended the birth of the child who was born alive at 0:20:17 am/pm on the date of birth specified above.			
Signature <i>Bella S. Villaganas, MD, FMSM</i> BELLA S. VILLAGANAS, MD, FMSM		Address 989 WARD II, POBLACION MINGLANILLA CEBU	
Title or Position MEDICAL DIRECTRESS		Date MAY 1, 2018	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>Quizel R. Gadiano</i> QUIZEL R. GADIANO Name in Print Relationship to the Child MOTHER Address VITO, MINGLANILLA CEBU Date MAY 3, 2018		23. PREPARED BY Signature <i>Khyssa Claire D. Lumingkit</i> KHYSSHA CLAIRE D. LUMINGKIT Name in Print Title or Position REGISTERED MIDWIFE Date MAY 3, 2018	
24. RECEIVED BY Signature <i>Ferdinand M. De Guma</i> FERDINAND M. DE GUMA Name in Print Title or Position Civil Registry Clerk Date MAY 03 2018		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Evangelina B. Ramas</i> EVANGELINE B. RAMAS Name in Print Title or Position Civil Registry Clerk Date MAY 03 2018	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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BEST POSSIBLE IMAGE



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BReN
02232-B18K101-0

Documentary
Stamp Tax Paid

CDSM

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

