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BRn 002217-B22T211-1

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. 2022 15036
City/Municipality CEBU CITY

CHILD
1. NAME (First) KATHY (Middle) AMYRA (Last) ROA SANCHEZ
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 02 (Month) SEPTEMBER (Year) 2022
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
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. 5c. BIRTH ORDER (Order of this birth to previous live birth including fetal deaths) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2700 grams

MOTHER
7. MAIDEN NAME (First) KAREN (Middle) GONIDA (Last) ROA
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT SEVENTH DAY ADVENTIST
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 CUSTOMER SERVICE REPRESENTATIVE 12. AGE at the time of this birth (completed years) 28
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
STIO MANGA, F LLAMAS ST., PUNTA PRINCESA CEBU CITY CEBU PHILIPPINES

FATHER
14. NAME (First) TIMOTHY (Middle) KURT (Last) CORTES SANCHEZ
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT SEVENTH DAY ADVENTIST 17. OCCUPATION CUSTOMER SERVICE REPRESENTATIVE 18. AGE at the time of this birth (completed years) 26
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
STIO MANGA, F LLAMAS ST., PUNTA PRINCESA CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED

21a. ATTENDANT
 Physician Nurse Midwife Hilot (Traditional Birth Attendant) 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 11:40 P.M. am/pm on the date of birth specified above.

Signature _____ Address SAMCH - BASAK SAN NICOLAS
Name in Print DR. JEE JOHN M. AMANTE CEBU CITY, CEBU
Title or Position Medical Officer III Date SEPTEMBER 02, 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 KAREN S. ROA
Relationship to the Child Mother
Address Stio Manga, F. Llamas St., Punta Princesa, Cebu City, Cebu
Date September 02, 2022

23. PREPARED BY
Signature _____
Name in Print LINEL W. VALLESPIN
Title or Position Nurse II
Date September 02, 2022

24. RECEIVED BY
Signature _____
Name in Print LUZ N. CUGAY
Title or Position Administrative Aide III
Date SEP 12 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 12 2022

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

