



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 2003 25090  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
CLYDE BADANA SEPAD

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
30 August 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
Cebu Doctors' Hospital Cebu City Cebu

5a. TYPE OF BIRTH  1 Single  2 Twin  3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS  1 First  2 Second  3 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second third, etc.) First  
d. WEIGHT AT BIRTH 3,005 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Merian Gisa Badana

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01  
b. No. of children still living including this birth: 01  
c. No. of children born alive but are now dead: 00

10. OCCUPATION Housewife 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Cogon Guinay Davao City Cebu

13. NAME (First) (Middle) (Last)  
Dante Alagada Sapada

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Auto Technician 17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
January 18, 2003, Saint Anthony of Padua, Guinay  
Davao City, Cebu

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  
 4 Hilot (Traditional Midwife)  5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 3:40 PM o'clock am/pm on the date stated above.

Signature [Signature] Address Cebu Doctors' Hospital  
Name in Print Angela Hidalgo MD Osmeña Blvd., Cebu City  
Title or Position Attending Physician Date August 30, 2003

20. INFORMANT  
Signature [Signature] Address Cogon Guinay  
Name in Print Dante A Sapada Davao City, Cebu  
Relationship to the child Father Date August 30, 2003

21. PREPARED BY  
Signature [Signature]  
Name in Print Cris M. Dineay  
Title or Position medical records clerk  
Date August 30, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print Atty. Evangelina T. Abasayo  
Title or Position City Civil Registrar  
Date

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

45. 01082570

46. 1

49. 1 50. 30082003

56. 22170

51. 1

52. 01 54. 3005

55. 1 58. 1

70. 01 72. 01 74. 01

76. 20 78. 23

81. 2328

85. 2328

86. 1 87. 1

88. 412 91. 21

93. 1

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BEST POSSIBLE IMAGE



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Documentary  
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Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

