



Municipal Form No. 102
(Revised January 2007)

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

accomplished in quadruplicate using black ink

Province **CEBU**
City/Municipality **TALISAY CITY** Registry No. **2017-1293**

CHILD
1. NAME (First) **PRINCESS MARY CLE** (Middle) **MAMOLO** (Last) **REVILLA**
2. SEX (Male / Female) **FEMALE**
3. DATE OF BIRTH (Day) **10** (Month) **MAY** (Year) **2017**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY 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 the birth in produce the birth including fetal death) (First, Second, Third, etc.) **FIRST**
6. WEIGHT AT BIRTH **2,500** grams

MOTHER
7. MAIDEN NAME (First) **MARY GRACE** (Middle) **BARON** (Last) **MAMOLO**
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 **WORKER NOT REPORTING ANY OCCUPATION**
12. AGE at the time of this birth (completed years) **19**
13. RESIDENCE (House No., St., Barangay) **POBLACION WARD 3, MINGLANILLA, CEBU, PHILIPPINES**

FATHER
14. NAME (First) **RIC ANTHONY** (Middle) **BETCHER** (Last) **REVILLA**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
17. OCCUPATION **WORKER REPORTING UNIDENTIFIABLE OCCUPATION**
18. AGE at the time of this birth (completed years) **20**
19. RESIDENCE (House No., St., Barangay) **POBLACION WARD 3, MINGLANILLA, CEBU, 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 APPLICABLE**

21a. ATTENDANT **NOT APPLICABLE**
 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 **8:59 AM** on the date of birth specified above.

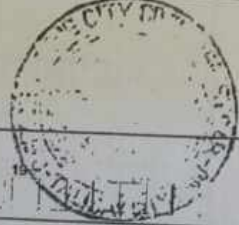
Signature *[Signature]* Address **TALISAY DISTRICT HOSPITAL, SAN ISIDRO, TALISAY CITY, CEBU**
Name in Print **DR. SHARMILA A. ESPINA**
Title or Position **MEDICAL SPECIALIST II** Date **May 10, 2017**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *[Signature]* 23. PREPARED BY
Name in Print **MARY GRACE B. MAMOLO** Signature *[Signature]*
Relationship to the Child **MOTHER** Name in Print **ELEANOR FE G. ECHAVEZ**
Address **POBLACION WARD 3, MINGLANILLA, CEBU** Title or Position **NURSE II**
Date **May 10, 2017** Date **May 10, 2017**

24. RECEIVED BY
Signature *[Signature]* 25. REGISTERED BY THE CIVIL REGISTRAR
Name in Print **MAE CHERYL A. MANEJA** Signature *[Signature]*
Title or Position **ADMIN. AIDE I** Name in Print **CITY CIVIL REGISTRAR**
Date **JUN 05 2017** Date **JUN 05 2017**

REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)

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



08797-HB-999MDM-08663-BI001
BEST POSSIBLE IMAGE



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1R300722835

BReN
02250-B17KA02-0
Documentary
Stamp Tax Paid

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

