

Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

to be accomplished in quadruplicate using black ink

Province **CEBU** City/Municipality **CEBU CITY** Registry No. **2012 08295**

CHILD
1. NAME **QUEN ALFRED CENIZA MILLER**
2. SEX **MALE** 3. DATE OF BIRTH **4 MARCH 2012**
4. PLACE OF BIRTH **VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU**
5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS **1ST** 6. WEIGHT AT BIRTH **3,000** grams

MOTHER
7. MAIDEN NAME **JAIDEE MALAZARTE CENIZA**
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) **22**
13. RESIDENCE **NASIPIT, TALAMBAN CEBU CITY CEBU PHILIPPINES**

FATHER
14. NAME **ALFREDO LUMPOT MILLER**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **18**
19. RESIDENCE **NASIPIT, TALAMBAN CEBU CITY CEBU PHILIPPINES**

MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE **NOT MARRIED** 20b. PLACE **N/A**

21a. ATTENDANT
1 Physician 2 Nurse 3 Midwife 4 Heil (Traditional Birth Attendant) 5 Others (Specify)
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Heil, etc.)
I hereby certify that I attended the birth of the child who was born alive at **3:46 PM** am/pm on the date of birth specified above.
Signature **TIKA K. GURUNG, M.D.** Address **VSMCC, CEBU CITY**
Name in Print **MEDICAL OFFICER III** Date **MARCH 4, 2012**

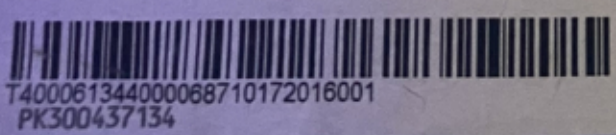
22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature **JAIDEE M. CENIZA** Signature **SHERRYL ABELLANOSA**
Name in Print **MOTHER** Name in Print **CLERK**
Relationship to the Child **MOTHER** Title or Position **MARCH 4, 2012**
Address **TALAMBAN, CEBU CITY** Date **MARCH 4, 2012**

24. RECEIVED BY
Signature **RIDOLITO P. YBAÑEZ** Signature **OSCAR B. MOLO**
Name in Print **ADMINISTRATIVE AIDE I** Title or Position **ASSISTANT CITY CIVIL REGISTRAR**
Date **MAR 14 2012** Date **MAR 14 2012**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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06134-9H-400JSA-00687-BI001
BEST POSSIBLE IMAGE



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PK300437134

BReN
02217-B12E40T-2
Documentary
Stamp Tax Paid

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

