



Municipal Form No. 102 (Revised January 2007) (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. 2015 23630	
City/Municipality CEBU CITY			
1. NAME (First) LANCE XANDER (Middle) SENIOR (Last) REYES			
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) 18 (Month) AUGUST (Year) 2015			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU (City/Municipality) (Province)			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) TWIN		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST	
		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	
		5. WEIGHT AT BIRTH 2,000 grams	
7. MAIDEN NAME (First) JOVELYN (Middle) LLENADO (Last) SENIOR			
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 CALL CENTER AGENT	
		12. AGE at the time of this birth (completed years) 21	
13. RESIDENCE (House No., St., Barangay) JUBAY, LILO-AN, CEBU, PHILS. (City/Municipality) (Province) (Country)			
14. NAME (First) MIKAEL ANGELOU (Middle) MERCADO (Last) REYES			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
		17. OCCUPATION CALL CENTER AGENT	
		18. AGE at the time of this birth (completed years) 21	
19. RESIDENCE (House No., St., Barangay) JUBAY, LILO-AN, CEBU, PHILS. (City/Municipality) (Province) (Country)			
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 MARRIED	
21a. ATTENDANT <input checked="" type="checkbox"/> Physician 2 Nurse 3 Midwife 4 Hilon (Traditional Birth Attendant) 5 Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilon, etc.) I hereby certify that I attended the birth of the child who was born alive at 7:35PM am/pm on the date of birth specified above.			
Signature <i>[Signature]</i> Name in Print SARAH WILLIAN SUSARNO, M.D. Title or Position PHYSICIAN		Address CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY Date 18 AUGUST 2015	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print JOVELYN L. SENIOR Relationship to the Child MOTHER Address JUBAY, LILO-AN, CEBU Date 18 AUGUST 2015		23. PREPARED BY Signature <i>[Signature]</i> Name in Print CLARISA TROXAS Title or Position CLERY Date 18 AUGUST 2015	
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 26 AUG 2015		25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print ATTY. EVANGELINE ABATAYO Title or Position CEBU CITY CIVIL REGISTRAR Date 26 AUG 2015	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
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