



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 23629	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) NATHAN XAVIER SENIOR REYES			
2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) (Month) (Year) 19 AUGUST 2015	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) TWIN		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) SECOND	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND
6. WEIGHT AT BIRTH 2,400 grams			
7. MAIDEN NAME (First) (Middle) (Last) JOVELYN LLENADO SENIOR			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	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) (City/Municipality) (Province) (Country) JUBAY, LILO-AN, CEBU, PHILS.			
14. NAME (First) (Middle) (Last) MIKAEL ANGELO MERCADO 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) (City/Municipality) (Province) (Country) JUBAY LILO-AN CEBU PHILS.			
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 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) <input type="checkbox"/>			
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 7:57PM on the date of birth specified above.			
Signature _____ Name in Print SARA JILLIAN SUSARNO, M.D.		Address CEBU PUER. CNTR. & MATERNITY HOUSE, INC., CEBU CITY	
Title or Position PHYSICIAN		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 _____ Name in Print JOVELYN L. SENIOR Relationship to the Child MOTHER Address JUBAY, LILO-AN, CEBU Date 18 AUGUST 2015		23. PREPARED BY Signature _____ Name in Print CLARISA T. ROXAS Title or Position CLERK Date 18 AUGUST 2015	
24. RECEIVED BY Signature _____ Name in Print LUZ M. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 20 AUG 2015		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print ATTY. EVANGELINE ABATAYO Title or Position CEBU CITY CIVIL REGISTRAR Date 26 AUG 2015	
REMARKS/ANNOTATIONS (For LCDR/CRCR Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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