NATIONAL STATISTICS OFFICE

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
City/Municipality: Cebu City

Registry No. 2013 01841

CHILD

1. NAME: (First) ZACKEE ACE (Middle) MARTINEZ (Last) MENCHAVEZ

2. SEX (Male / Female): MALE

3. DATE OF BIRTH: (Day) 10 (Month) JANUARY (Year) 2013

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., St., Barangay) CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000 (City/Municipality) (Province)

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.): SINGLE

5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.):

5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.): First

6. WEIGHT AT BIRTH: 3100 grams

MOTHER

7. MAIDEN NAME: (First) ROXANNE KUH (Middle) QUINAL (Last) MARTINEZ

8. CITIZENSHIP: Filipino

9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC

10a. Total number of children born alive: 01

10b. No. of children still living including this birth: 01

10c. No. of children born alive but are now dead: 00

11. OCCUPATION: Employee

12. AGE at the time of this birth (completed years): 23

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country): 42-G Lorega Lomar St. Cebu City

FATHER

14. NAME: (First) CHIVAS (Middle) TAÑEZA (Last) MENCHAVEZ

15. CITIZENSHIP: Filipino

16. RELIGION/RELIGIOUS SECT: Roman Catholic

17. OCCUPATION: Employee

18. AGE at the time of this birth (completed years): 27

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country): 42-G Lorega Lomar St. Cebu City

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): N/A

21a. ATTENDANT

X 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 12:06 AM am/pm on the date of birth specified above.

Signature: _____
Name in Print: ELSIE YAP-ICAMINA, M.D.
Title or Position: Attending Physician
Address: Cebu Doctors University Hospital Cebu City
Date: January 10, 2013

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: ROXANNE KUH Q. MARTINEZ
Relationship to the Child: Mother
Address: 42-G Lorega Lomar St. Cebu City
Date: January 10, 2013

23. PREPARED BY

Signature: _____
Name in Print: DANTE C. CINCO
Title or Position: Medical Records Clerk
Date: January 10, 2013

24. RECEIVED BY

Signature: _____
Name in Print: Ridolito P. Ybañez
Title or Position: Administrative Aide I
Date: JAN 15 2013

25. REGISTERED BY THE CIVIL REGISTRAR

Signature: _____
Name in Print: Oscar B. Nolo
Title or Position: Assistant City Civil Registrar
Date: JAN 15 2013

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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05148-74-400ADT-01375-BI002

BEST POSSIBLE IMAGE

BReN
02217-B13AA0D-9

CARMELITA N. ERICTA
Administrator and Civil Registrar General