



Municipal Form No. 102 (Revised January 2007) 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 13868	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) KEITH AEDILE GABUNADA RECINTO			
2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 15 MAY 2015		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU			
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 five births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2550 grams
7. MAIDEN NAME (First) (Middle) (Last) JENNY ROSE MONIÑO GABUNADA			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT BAPTIST	
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 CSR
12. AGE at the time of this birth (completed years) 21			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 1462 WILSON ST., APAS, CEBU CITY, CEBU, PHILIPPINES			
14. NAME (First) (Middle) (Last) KEITH BACQUIAL RECINTO			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT BAPTIST	
17. OCCUPATION CSR		18. AGE at the time of this birth (completed years) 27	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 1462 WILSON ST., APAS, CEBU CITY, CEBU, PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) FEBRUARY 12 2015		20b. PLACE (City / Municipality) (Province) (Country) MANDAUE CITY, CEBU, PHILIPPINES	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 8:25 PM am/pm on the date of birth specified above.			
Signature _____ Name in Print MA. SUSAN VILLALUZ, M.D. Title or Position ATTENDING PHYSICIAN		Address C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU Date May 16, 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 KEITH S. RECINTO Relationship to the Child FATHER Address 1462 WILSON ST., APAS, CEBU CITY Date May 16, 2015		23. PREPARED BY Signature _____ Name in Print DANILO C. AMIT Title or Position MEDICAL RECORD CLERK Date May 16, 2015	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 25 MAY 2015		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print HENRY P. TOMALABCAD Title or Position ASST. CITY CIVIL REGISTRAR Date 25 MAY 2015	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
15	16	17	19

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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General