



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 13869		
City/Municipality CEBU CITY				
CHILD	1. NAME (First) (Middle) (Last) KEITH CRIDUS 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) (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.) SECOND	5c. BIRTH ORDER (Order of the birth to previous the birth including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 2500 grams
MOTHER	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 2	10b. No. of children still living including this birth 2	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				
FATHER	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 2. Nurse 3. Midwife 4. Hilol (Traditional Birth Attendant) 5. Others (Specify)				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilol, etc.) I hereby certify that I attended the birth of the child who was born alive at 8:27 PM am/pm on the date of birth specified above.				
Signature _____ Name in Print MA. SUSAN VILALUZ, 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 DANILLO 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	

06340-EE-400JBH-01069-BI002
BEST POSSIBLE IMAGE

BReN
02217-B15JF09-9

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