



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU Registry No. 2012 15427
City/Municipality CEBU CITY

CHILD

1. NAME (First) (Middle) (Last)
BLENN CHARLES ABAYON OMBAY

2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year)
8 MAY 2012

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.) SINGLE 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 6. WEIGHT AT BIRTH 3,100 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
HANNAH STEPHANIE MARILAO ABAYON

8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT BORN AGAIN

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 HOUSEKEEPER 12. AGE at the time of this birth (completed years) 20

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ST. JUDE PHASE I BULACAO, CEBU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) (Middle) (Last)
ROMMEL CABUGOY OMBAY

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TECH. SUPPORT REP. 18. AGE at the time of this birth (completed years) 21

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
ST. JUDE PHASE I BULACAO, CEBU CITY, 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 APPLICABLE

21a. ATTENDANT
____ 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Midl (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Midl, etc.)
I hereby certify that I attended the birth of the child who was born alive at 3:27 AM am/pm on the date of birth specified above.

Signature _____ Address CEBU PUER. CNTR. & MATERNITY HOUSE, INC., CEBU CITY
Name in Print MYRA D. ZAMORA, M.D.
Title or Position PHYSICIAN Date 8 MAY 2012

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 HANNAH STEPHANIE M. ABAYON
Relationship to the Child MOTHER
Address ST. JUDE PHASE I BULACAO, CEBU CITY
Date 8 MAY 2012

23. PREPARED BY
Signature _____
Name in Print JUNE JE S. DIONIO
Title or Position CLERK
Date 8 MAY 2012

24. RECEIVED BY
Signature _____
Name in Print RIDOLITO P. YEANEZ
Title or Position ADMINISTRATIVE AIDE I
Date MAY 23 2012

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print OSCAR B. MOLO
Title or Position ASST. CITY CIVIL REGISTRAR
Date MAY 23 2012

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

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

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BEST POSSIBLE IMAGE

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02217-B12J819-9

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

