



Municipal Form No. 102  
Revised January 1993

(To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 11d.)

Province Cebu City/Municipality Cebu City

CHILD	1. NAME (First) (Middle) (Last) <b>CHRISTIAN LIORD PULVERA MAMBOY</b>	REMARKS/ANNOTATION	
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>2 NOVEMBER 2007</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <b>GENU PUL. GENITA &amp; MATERNITY HOUSE, INC., CEBU CITY CEBU</b>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <b>FIRST</b>	d. WEIGHT AT BIRTH <b>3,200</b> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <b>NEIDRED PULVERA</b>	Per OCRG USE ONLY Population Reference System	
	7. CITIZENSHIP <b>FILIPINO</b>		8. RELIGION <b>ROMAN CATHOLIC</b>
	9a. Total number of children born alive: <b>1</b>		b. No. of children still living including this birth: <b>1</b>
10. OCCUPATION <b>SALESCLERK</b>	11. Age at the time of this birth: <b>27</b> years		
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>VILLA KALURIAN, BASAK SAN NICOLAS, CEBU CITY, CEBU</b>	Per OCRG USE ONLY Population Reference System	
	13. NAME (First) (Middle) (Last) <b>ROEL LORENTE MAMBOY</b>		
	14. CITIZENSHIP <b>FILIPINO</b>		15. RELIGION <b>ROMAN CATHOLIC</b>
	16. OCCUPATION <b>CHICKEN</b>		17. Age at the time of this birth: <b>26</b> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>APRIL 12, 2007 CEBU CITY</b>		Per OCRG USE ONLY Population Reference System	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>4:05</b> o'clock am/pm on the date stated above.			
Signature _____ Name in Print _____ Title or Position _____			
20. INFORMANT Signature _____ Name in Print _____ Relationship to the child <b>MOTHER</b> Date <b>NOVEMBER 2, 2007</b>		Per OCRG USE ONLY Population Reference System	
21. PREPARED BY Signature _____ Name in Print _____ Title or Position _____ Date <b>NOVEMBER 2, 2007</b>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date <b>NOV 07 2007</b>			