



Municipal Form No. 102
(Revised January 2007)

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

(To be accomplished in quadruplicate using black ink)

Province Cebu Registry No. 2014-868
City/Municipality Lapu-Lapu City

CHILD
1. NAME (First) (Middle) (Last)
Zierre Gregory Nev Mufes Tubog
2. SEX (Male / Female) Male 3. DATE OF BIRTH (Day) (Month) (Year)
17 January 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
Mactan Doctors Hospital Basak, Lapu-Lapu City Cebu
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.) 1st 6. WEIGHT AT BIRTH 2,500 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
Chayenne Grace Ongco Mufes
8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Roman Catholic
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 None 12. AGE at the time of this birth (completed years) 18
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Kadulang Marigondon Lapu-Lapu City Cebu Philippines

FATHER
14. NAME (First) (Middle) (Last)
Vicente Gorre Tubog
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Production Worker 18. AGE at the time of this birth (completed years) 19
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
Atabay Agus Lapu-Lapu City Cebu Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) 20b. PLACE (City / Municipality) (Province) (Country)
Not Married

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

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.)
I hereby certify that I attended the birth of the child who was born alive at 8:53p 8:53p am/pm on the date of birth specified above.
Signature DR. JENNIFER CAHALONGAY Address Mactan Doctors Hospital
Name in Print DR. MARY FAITH ALQUEZA Basak, Lapu-Lapu City Cebu
Title or Position Attending Physician Date January 17, 2014

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature [Signature]
Name in Print Chayenne Grace O. Mufes
Relationship to the Child Mother
Address Kadulang Marigondon Lapu-Lapu City
Cebu
Date January 17, 2014

23. PREPARED BY
Signature [Signature]
Name in Print Mercedes E. Ongco
Title or Position Medical Records Clerk
Date January 17, 2014

24. RECEIVED BY
Signature [Signature]
Name in Print MARIA AUDIEN R. TANEU
Title or Position ADMINISTRATIVE AIDE III
Date FEB 07 2014

25. REGISTERED BY THE CIVIL REGISTRAR
Signature [Signature]
Name in Print Cipriano D. Flores, M.D.F.P.S.V.I.
Title or Position City Civil Registrar
Date FEB 07 2014

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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