



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. 2013 30590
City/Municipality CEBU CITY

CHILD

1. NAME (First) (Middle) (Last)
AISLYN CLYNE MAPULA VALENZONA

2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)
2 OCTOBER 2013

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 2,600 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
RUBIE MONDEJAR MAPULA

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 HOUSEKEEPER 12. AGE at the time of this birth (completed years) 24

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
PULANGBUKID, ALANG-ALANG, MANDAUE CITY, CEBU, PHILS.

FATHER

14. NAME (First) (Middle) (Last)
IAN GILES VIOVICENTE VALENZONA

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION NONE 18. AGE at the time of this birth (completed years) 25

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
PULANGBUKID, ALANG-ALANG, MANDAUE CITY, CEBU, PHILS.

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity of 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 Hilot (Traditional Birth Attendant) 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 6:41 PM am/pm on the date of birth specified above.

Signature _____ Address CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY
Name in Print ERYN MARIE NAZARENO, M.D.
Title or Position PHYSICIAN Date _____

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 RUBIE M. MAPULA Name in Print STANLEY E. LIBOR
Relationship to the Child MOTHER Title or Position CLERK
Address ALANG-ALANG, MANDAUE CITY, CEBU Date 2 OCTOBER 2013

24. RECEIVED BY
Signature _____ Signature _____
Name in Print LUZ N. CUGAY Name in Print PHILIPP A. MEGABON
Title or Position ADMINISTRATIVE AIDE III Title or Position Registration Officer IV
Date OCT 17 2013 Date OCT 17 2013

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

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BEST POSSIBLE IMAGE



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BReN
02217-B13V21Q-1
Documentary
Stamp Tax Paid

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

