



Municipal Form No. 102
Revised January 2017

accomplished in quadruplicate using black ink

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

2017-10316

Province CEBU		Registry No. 2017 10316	
City/Municipality CEBU CITY			
1. NAME (First) REIGN TRAVIS (Middle) TOLOSA (Last) REYES			
2. SEX (Male) MALE	3. DATE OF BIRTH (Day) 31 (Month) MARCH (Year) 2017		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) CEBU VELEZ GENERAL HOSPITAL, 41 F. RAMOS ST., CEBU CITY			
5a. TYPE OF BIRTH (Single/Twin/Triplet, etc.) SINGLE	5b. MULTIPLE BIRTH, CHILD WAS (First/Second/Third, etc.) N.A.	5c. BIRTH ORDER (Order of the child to proceed, including stillborn, fetal death, etc.) (First/Second, etc.) FIRST	6. WEIGHT AT BIRTH 3,650 grams
7. MAIDEN NAME (First) RULIETA JANE (Middle) BILAGANTOL (Last) TOLOSA			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT. ROMAN CATHOLIC	
10a. Total number of children born alive including this birth	10b. No. of children surviving but are now dead	11. OCCUPATION BPO	12. AGE at the time of the birth (Completed years) 22
13. RESIDENCE (House No. / St. / Barangay) (City/Municipality) (Province) (Country) BLK 10, LOT 15, DOSDOS VILLAGE, BRGY. TISA, CEBU CITY, CEBU, PHILIPPINES			
14. NAME (First) JAY-R JUNE (Middle) PARDILLA (Last) REYES			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT. ROMAN CATHOLIC	
17. OCCUPATION BPO		18. AGE at the time of the birth (Completed years) 27	
19. RESIDENCE (House No. / St. / Barangay) (City/Municipality) (Province) (Country) P. RODRIGUEZ STREET, BOGO CITY, CEBU, PHILIPPINES			
MARRIAGE OF PARENTS (If not married, complete Affidavit of Acknowledgment/Admission of Paternity at the back.)			
20a. DATE (Month) NOT MARRIED (Year)		20b. PLACE (City/Municipality) N.A. (Province) (Country)	
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilal (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at 10:02 AM am/pm on the date of birth specified above.			
Signature MYRA D. ZAMORA, M.D.		Address 41 F. RAMOS ST., CEBU CITY	
Name in Print ATTENDING PHYSICIAN		Date MARCH 31, 2017	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied is true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature RULIETA JANE B. TOLOSA		Signature BETHELEM B. GINGCO	
Name in Print MOTHER		Name in Print MEDICAL RECORDS STAFF	
Relationship to Child BRGY. TISA, CEBU CITY		Title or Position APRIL 01, 2017	
Address APRIL 01, 2017		Date	
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR	
Signature LUZ N. CUGAY		Signature PHILIPP A. MEGABON	
Name in Print ADMINISTRATIVE AIDE II		Name in Print REGISTRATION OFFICER-IV	
Title or Position 27 APR 2017		Title or Position 27 APR 2017	
Date		Date	
REMARKS/ANNOTATIONS (For LCRO/QCRG Use Only)			
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
		15	16
		17	19