

(To be accomplished in quadruplicate using black ink)

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 19444
City/Municipality CEBU CITY	

CHILD	1. NAME (First) RHIME MARIE KATE (Middle) MAHIDLAWON (Last) ALIPIN			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 8 (Month) JUNE (Year) 2013		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU (City/Municipality) (Province)			
	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 in previous live births including fetal death) (First, Second, Third, etc.) 4TH	6. WEIGHT AT BIRTH 3,400 grams

MOTHER	7. MAIDEN NAME (First) REEZA MARIE (Middle) MAKINANO (Last) MAHIDLAWON				
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	10a. Total number of children born alive 4	10b. No. of children still living including this birth 4	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE	12. AGE at the time of this birth (completed years) 24
	13. RESIDENCE (House No., St., Barangay) MAMBALING, CEBU CITY, CEBU (City/Municipality) (Province) CEBU (Country) PHILIPPINES				

FATHER	14. NAME (First) RODEL (Middle) PARAZ (Last) ALIPIN			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION NONE	18. AGE at the time of this birth (completed years) 22
	19. RESIDENCE (House No., St., Barangay) MAMBALING, CEBU CITY, CEBU (City/Municipality) (Province) CEBU (Country) PHILIPPINES			

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) N/A
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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 **1:46 PM** am/pm on the date of birth specified above.

Signature _____ Address **VSMMC, CEBU CITY, CEBU**
Name in Print **CAROLYN TABALOC, MD**
Title or Position **MEDICAL OFFICER III**
Date **6/8/2013**

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 **REEZA MARIE M. MAHIDLAWON**
Relationship to the Child **MOTHER**
Address **CEBU CITY, CEBU**
Date **6/8/2013**

23. PREPARED BY

Signature _____
Name in Print **ALONA S. MONTEJO**
Title or Position **CLERK**
Date **6/8/2013**

24. RECEIVED BY

Signature _____
Name in Print **LIZ N. CUGAY**
Title or Position **Administrative Aide III**
Date **JUL 03 2013**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____
Name in Print **OSCAR B. MOLO**
Title or Position **ASSISTANT CITY CIVIL REGISTRAR**
Date **JUL 03 2013**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)