



Municipal Form No. 102
(Revised January, 2007)

to be accomplished in quadruplicate using black ink

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province <u>Cebu</u>		Registry No. 2012-15880			
City/Municipality <u>Cebu City</u>					
CHILD	1. NAME (First) <u>MELCHIAH</u> (Middle) <u>ALFEREZ</u> (Last) <u>MIJARES</u>				
	2. SEX (Male / Female) <u>Male</u>	3. DATE OF BIRTH (Day) <u>16</u> (Month) <u>May</u> (Year) <u>2012</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, Cebu City, Cebu</u> (City/Municipality) (Province)				
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>Single</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N/A</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>First</u>	6. WEIGHT AT BIRTH <u>3.005 grams</u>	
MOTHER	7. MAIDEN NAME (First) <u>SARAH</u> (Middle) <u>PLAZO</u> (Last) <u>ALFEREZ</u>				
	8. CITIZENSHIP <u>Filipino</u>	9. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>			
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>00</u>	11. OCCUPATION <u>Technical Support</u>	12. AGE at the time of this birth (completed years) <u>26</u>
	13. RESIDENCE (House No., St., Barangay) <u>St. Michael Village, Brgy. Kasambagan</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u> (Country) <u>Philippines</u>				
FATHER	14. NAME (First) <u>BRIAN</u> (Middle) <u>LANURIAS</u> (Last) <u>MIJARES</u>				
	15. CITIZENSHIP <u>Filipino</u>	16. RELIGION/RELIGIOUS SECT <u>Born Again Christian</u>	17. OCCUPATION <u>Technical Support</u>	18. AGE at the time of this birth (completed years) <u>29</u>	
	19. RESIDENCE (House No., St., Barangay) <u>St. Michael Village, Brgy. Kasambagan</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u> (Country) <u>Philippines</u>				
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) <u>February</u> (Day) <u>14</u> (Year) <u>2012</u>		20b. PLACE (City / Municipality) <u>Cebu City</u> (Province) <u>Cebu</u> (Country) <u>Philippines</u>			
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <u>4:16 AM</u> am/pm on the date of birth specified above.					
Signature _____ Name in Print <u>Marie Antoinette Joanna Mendoza, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, Cebu City</u> Date <u>May 16, 2012</u>			
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 <u>Brian L. Mijares</u> Relationship to the Child <u>Father</u> Address <u>St. Michael Village, Brgy. Kasambagan, Cebu City</u> Date <u>May 16, 2012</u>		23. PREPARED BY Signature _____ Name in Print <u>Reyn J. Medina</u> Title or Position <u>Medical Records Head</u> Date <u>May 16, 2012</u>			
24. RECEIVED BY Signature _____ Name in Print <u>Ridolito P. Ybanez</u> Title or Position <u>Administrative Aide I</u> Date <u>MAY 28 2012</u>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>Oscar B. Molo</u> Title or Position <u>Assistant City Civil Registrar</u> Date <u>MAY 28 2012</u>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
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