



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 Cebu Registry No. **2014 14860**
City/Municipality Cebu City

CHILD
1. NAME (First) NERIAH (Middle) ALFEREZ (Last) MIJARES
2. SEX (Male / Female) Female 3. DATE OF BIRTH (Day) 6 (Month) May (Year) 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, Cebu City, Cebu
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) Second 6. WEIGHT AT BIRTH 2,495 grams

MOTHER
7. MAIDEN NAME (First) SARAH (Middle) PLAZO (Last) ALFEREZ
8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Roman Catholic
10a. Total number of children born alive 2 10b. No. of children still living including this birth 2 10c. No. of children born alive but are now dead 00 11. OCCUPATION Technical Support Representative 12. AGE at the time of this birth (completed years) 27
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
St. Michael Village, Kasambagan, Banilad Cebu City Cebu Philippines

FATHER
14. NAME (First) BRIAN (Middle) LANURIAS (Last) MIJARES
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Born Again Christian 17. OCCUPATION Technical Support Representative 18. AGE at the time of this birth (completed years) 31
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
St. Michael Village, Kasambagan, Banilad Cebu City Cebu Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) February (Day) 14 (Year) 2012 20b. PLACE (City / Municipality) (Province) (Country)
Cebu City Cebu Philippines

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 3:30 PM am/pm on the date of birth specified above.
Signature [Signature] Address Cebu North General Hospital, Inc.
Name in Print Mary Anne Villarín, M.D. Kauswagan Rd., Talamban, Cebu City
Title or Position Attending Physician Date May 7, 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 Brian L. Mijares
Relationship to the Child Father
Address St. Michael Village, Kasambagan, Banilad, Cebu City
Date May 7, 2014

23. PREPARED BY
Signature [Signature]
Name in Print Rey I. Jalbena
Title or Position Medical Records Head
Date May 7, 2014

24. RECEIVED BY
Signature [Signature]
Name in Print LUZ N. CUCAY
Title or Position ADMINISTRATIVE AIDE III
Date MAY 15 2014

25. REGISTERED BY THE CIVIL REGISTRAR
Signature [Signature]
Name in Print PHILIPP A. MEGABON
Title or Position REGISTRATION OFFICER-IV
Date MAY 15 2014

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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Lisa Grace S. Berrales

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