



Official Form No. 102
Revised January 2007

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2011 17088**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **JHEL CHANSIE** (Middle) **CENZA** (Last) **DING ASA**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **28** (Month) **JUNE** (Year) **2011**
4. PLACE OF BIRTH (Name of Hospital or Institution) **CEBU PUSG. CTR & MATERNITY HOUSE INC.** (City/Municipality) **CEBU CITY** (Province) **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 Birth) (Specify the birth including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,550** grams

MOTHER

7. MAIDEN NAME (First) **JEAN** (Middle) **ILLUT** (Last) **ENIZA**
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 **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **20**
13. RESIDENCE (House No. / St. / Barangay) **PILIT CABANCALAN, MANDAUE CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

FATHER

14. NAME (First) **GILBERT** (Middle) **EDILLON** (Last) **DINGLASA**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **25**
19. RESIDENCE (House No. / St. / Barangay) **PILIT CABANCALAN, MANDAUE CITY** (City/Municipality) **CEBU** (Province) **PHILIPPINES** (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the time of birth)
20a. DATE (Month) (Day) (Year) **FEBRUARY 12, 2011** 20b. PLACE (City/Municipality) (Province) (Country) **MANDAUE CITY, CEBU PHILIPPINES**

21a. ATTENDANT
 1. Physician 2. Nurse 3. Midwife 4. Hilot (Traditional Birth Attendant) 5. Other (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 **4:47 PM** (time) on **28 JUNE 2011** (date of birth - specified above).
Signature _____ Address **CEBU PUSG. CTR & MATERNITY HOUSE, INC., CEBU CITY**
Name in Print **ERVY MARIE NAZARENO, M.D.**
Title or Position **PHYSICIAN** Date **28 JUNE 2011**

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 **JEAN C. DINGLASA**
Relationship to the Child **MOTHER**
Address **PILIT CABANCALAN, MANDAUE CITY**
Date **28 JUNE 2011**
23. PREPARED BY
Signature _____
Name in Print **MARY A. N.G. GUMSRE**
Title or Position **CLERK**
Date **28 JUNE 2011**

24. RECEIVED BY
Signature _____
Name in Print **RIDOLITO P. YBAREZ**
Title or Position **ADMINISTRATIVE AIDE I**
Date **JUL 04 2011**
25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print **OSCAR B. OLO**
Title or Position **REGISTRATION OFFICER IV**
Date **JUL 04 2011**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8	9	11	13	15	16	17	19