



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. 2016 10004  
 City/Municipality Cebu City

**CHILD**

1. NAME (First) PRIAH BRIENNE (Middle) ESCATRON (Last) ALICO  
 2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 29 (Month) APRIL (Year) 2016  
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) CEBU DOCTORS UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000 (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_  
 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 the birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 5700 grams

**MOTHER**

7. MAIDEN NAME (First) JERCHYL SHANNE (Middle) BAGAYAS (Last) ESCATRON  
 8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC  
 10a. Total number of children born alive 01 10b. No. of children still living including this birth 01 10c. No. of children born alive but are now dead 00 11. OCCUPATION Chat Support Agent 12. AGE at the time of this birth (completed years) 24  
 13. RESIDENCE (House No., St., Barangay) 124 BF, Llamas St., Tisa II Cebu City (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

**FATHER**

14. NAME (First) JOHN PAUL (Middle) LAGA (Last) ALICO  
 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION Salse Support Agent 18. AGE at the time of this birth (completed years) 22  
 19. RESIDENCE (House No., St., Barangay) B2, Lt.33, Villa Feliza Dos, Tungkil, Mingianilla Cebu (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
 20a. DATE (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ 20b. PLACE (City / Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_ (Country) \_\_\_\_\_  
NOT MARRIED N/A

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, etc.)  
 I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ am/pm on the date of birth specified above.  
 Signature IMEE LYN CHU-LIM M.D. Address CEBU DOCTORS UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY 6000  
 Name in Print Attending Physician Date April 29, 2016  
 Title or Position \_\_\_\_\_

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature Jerchyl Shanne B. Escatron Signature \_\_\_\_\_  
 Name in Print Mother Name in Print ANTHONY E. FERRER II  
 Relationship to the Child \_\_\_\_\_ Title or Position Medical Records Clerk  
 Address April 29, 2016 Date April 29, 2016

23. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in Print \_\_\_\_\_  
 Title or Position \_\_\_\_\_  
 Date \_\_\_\_\_

24. RECEIVED BY  
 Signature \_\_\_\_\_  
 Name in Print LUZ N. CUGAY  
 Title or Position ADMINISTRATIVE AIDE II  
 Date 12 MAY 2016

25. REGISTERED BY THE CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in Print ATTY. EVANGELINE T. ABATAYO  
 Title or Position CEBU CITY CIVIL REGISTRAR  
 Date 12 MAY 2016

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 \_\_\_\_\_

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 Documentary  
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*Lisa Grace S. Bersales*  
**LISA GRACE S. BERSALES, Ph.D.**  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority



