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Form No. 102 (To be accomplished in quadruplicate)
January 2009

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province: CEBU Registry No: 2011-4309
City/Municipality: LAPU-LAPU CITY

1. NAME (First) (Middle) (Last)
LEAHLEE MIRREN DAYNE SEMILLA SATINITIGAN

2. SEX: Female 3. DATE OF BIRTH (Day) (Month) (Year)
22 July 2011

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
Gregoria Maternity House, Sun-od, Lapu-Lapu City, Cebu

5. TYPE OF BIRTH: Single 6. IF MULTIPLE BIRTH, CHILD WAS:
1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

7. BIRTH-ORDER (See birth and fetal deaths including this delivery) (First, second, third, etc.)
2nd 8. WEIGHT AT BIRTH (Pounds) (Ounces)
5,000

9. MOTHER (First) (Middle) (Last) NAME: FABRIKKE MARIE CHAÑO SEMILLA

10. CITIZENSHIP: Filipino 11. RELIGION: Roman Catholic

12. No. of children born alive: 2 13. No. of children born alive but are now dead: 0

14. OCCUPATION: Quality Control Operator 15. Age at the time of this birth: 24 years

16. RESIDENCE (Street No., Street, Barangay) (City/Municipality) (Province)
Seaside, Ibo, Lapu-Lapu City, Cebu

17. FATHER (First) (Middle) (Last) NAME: DEMOK BOOC SATINITIGAN

18. CITIZENSHIP: Filipino 19. RELIGION: Roman Catholic

20. OCCUPATION: None 21. Age at the time of this birth: 23 years

22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, appropriate Affidavit of Annulment/Declaration of Absence of the Spouse)
NOT MARRIED

23. ATTENDANT (Name) (Address) (City/Municipality) (Province) (Country)
X 1 (Male) 2 (Female) 3 (Nurse) 4 (Other Specialty)

24. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 5:30 P.M. on the date stated above.)
Name of Hospital/Clinic/Institution: Gregoria Maternity House
City/Municipality: Sun-od, Lapu-Lapu City
Date: July 22, 2011

25. INFORMANT (Name) (Address) (City/Municipality) (Province) (Country)
FABRIKKE MARIE C. SEMILLA
Relationship: Father
Date: July 22, 2011

26. PREPARED BY (Name) (Address) (City/Municipality) (Province) (Country)
RAMONISA S. BRAGATO
Title: Midwife
Date: July 22, 2011

27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature) (Name in Print) (Title or Position) (Date)
GIRIANO D. FLORES
City Civil Registrar
Date: JUL 22 2011

05988-1E-400ADT-00722-BI003

BEST POSSIBLE IMAGE

BR&N 02226-B11PN0A-8

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.