



Municipal Form No. 102
(Revised January 2007)

accomplished in quadruplicate using black ink)

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

Province CEBU		Registry No. 2015 04318		
City/Municipality CEBU CITY				
CHILD	1. NAME (First) HANNAH EFE (Middle) NOVERO (Last) ABURE			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 14 (Month) JANUARY (Year) 2015		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., 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.) 4TH	8. WEIGHT AT BIRTH 3,300 grams
MOTHER	7. MAIDEN NAME (First) JOCELYN (Middle) LIBRES (Last) NOVERO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT CHRISTIAN	
	10a. Total number of children born alive 4	10b. No. of children still living including this birth 4	10c. No. of children born alive but are now dead 0	11. OCCUPATION CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 40			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLK. 1 LOT 44 LA ALDEA DEL RIO, CALAWISAN LAPU-LAPU CITY CEBU PHILIPPINES				
FATHER	14. NAME (First) PAUL (Middle) EDOJOE (Last) ABURE			
	15. CITIZENSHIP NIGERIAN		16. RELIGION/RELIGIOUS SECT CHRISTIAN	
	17. OCCUPATION SELF EMPLOYED		18. AGE at the time of this birth (completed years) 32	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLK. 1 LOT 44 LA ALDEA DEL RIO, CALAWISAN LAPU-LAPU CITY CEBU PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) NOT MARRIED		
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 7:40 AM on the date of birth specified above.				
Signature _____ Name in Print DR. ANGELICA MARTHA MARTINEZ, MD		Address YSAMMC, CEBU CITY, CEBU		
Title or Position MEDICAL OFFICER III		Date 1/14/2015		
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 JOCELYN L. NOVERO Relationship to the Child MOTHER Address LAPU-LAPU CITY, CEBU Date 1/14/2015		23. PREPARED BY Signature _____ Name in Print ALONA J. MONTEJO Title or Position CLERK Date 1/14/2015		
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date 10 FEB 2015		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print HENRY P. TOMALABCAD Title or Position ASST. CITY CIVIL REGISTRAR Date 10 FEB 2015		
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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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General