



Municipal Form No. 102 (Revised January 2007) (To be completed in quadruplicate using black ink)

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

| | | | | |
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| Province CEBU | | Registry No. 2013 85367 | | |
| City/Municipality CEBU CITY | | | | |
| CHILD | 1. NAME (First) (Middle) (Last) EAN DIEZEL TIROL LIPES | | | |
| | 2. SEX (Male / Female) MALE | 3. DATE OF BIRTH (Day) (Month) (Year) 9 NOVEMBER 2013 | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (House No., St., Barangay) (City/Municipality) (Province) CEBU (VELES) GENERAL HOSPITAL, F. RAMOS STREET, CEBU CITY CEBU | | | |
| | 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLES | 5b. IF MULTIPLE BIRTH CHILDREN (First, Second, Third, etc.) SECOND | 5c. BIRTH ORDER (Order of Birth in (single or multiple) family) (First, Second, Third, etc.) SECOND | |
| 6. WEIGHT AT BIRTH 3,250 grams | | | | |
| MOTHER | 7. MOTHER NAME (First) (Middle) (Last) RONA PEREZ TIROL | | | |
| | 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 still but not now living 0 | 11. OCCUPATION CALL CENTER AGENT |
| | 12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLISS LAPAZ SOGO CITY CEBU PHILIPPINES | | 12. AGE at the time of the birth (completed years) 35 | |
| FATHER | 14. NAME (First) (Middle) (Last) SAIDON YLLABENCIO LOPEZ | | | |
| | 15. CITIZENSHIP FILIPINO | | 16. RELIGION/RELIGIOUS sect ROMAN CATHOLIC | |
| | 17. OCCUPATION CALL CENTER AGENT | | 18. AGE at the time of the birth (completed years) 27 | |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PRG BLISS GOLD STREET, UREA HOMES, TROKIL, MINGLANILLA CEBU PHILIPPINES | | | |
| MARRIAGE OF PARENTS (If not married, description Address of Administration/Population of Parents in the text.) | | | | |
| 20a. DATE (Month) (Day) (Year) NOT MARRIED | | 20b. PLACE (City / Municipality) (Province) (Country) | | |
| 21a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Birth Attendant) 5 Others (Specify) | | | | |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (I hereby certify that I attended the birth of the child who was born alive at CEBU (VELES) GENERAL HOSPITAL on the date of birth specified above.) | | | | |
| Signature <i>[Signature]</i> | | Address CEBU (VELES) GENERAL HOSPITAL | | |
| Name in Print ORLANDO M. QUILADO, M.D. | | F. RAMOS STREET, CEBU CITY | | |
| Title or Position RESIDENT PHYSICIAN | | Date NOVEMBER 9, 2013 | | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. | | 23. PREPARED BY | | |
| Signature <i>[Signature]</i> | | Signature <i>[Signature]</i> | | |
| Name in Print RONA E. TIROL | | Name in Print CARILA Y. BOPULANO | | |
| Relationship to the Child MOTHER | | Title or Position HEAD, MEDICAL RECORDS | | |
| Address BLISS, LAPAZ, SOGO CITY, CEBU | | Date NOVEMBER 14, 2013 | | |
| Date NOVEMBER 14, 2013 | | | | |
| 24. RECEIVED BY Signature <i>[Signature]</i> Name in Print MISS B. CUBAT Title or Position ADMINISTRATIVE AIDE III Date NOV 27 2013 | | 25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print PHILIPP A. MEGACON Title or Position REGISTRATION OFFICER IV Date NOV 27 2013 | | |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) | | | | |
| TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | | |
| 6 | 9 | 11 | 15 | |
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