



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 <u>Cebu</u>		Registry No. <b>2016 02886</b>					
City/Municipality <u>Cebu City</u>							
<b>CHILD</b>	1. NAME (First) <u>CELESTINE JAYE</u> (Middle) <u>MASLA</u> (Last) <u>ROMINA</u>						
	2. SEX (Male / Female) <u>Female</u>	3. DATE OF BIRTH (Day) <u>8</u> (Month) <u>January</u> (Year) <u>2016</u>					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, Cebu City, Cebu</u>						
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>Single</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N/A</u>	5c. BIRTH ORDER (Order of the birth or previous live births including fetal death) (First, Second, Third, etc.) <u>First</u>	6. WEIGHT AT BIRTH <u>2,863</u> grams			
<b>MOTHER</b>	7. MAIDEN NAME (First) <u>HIEZEL</u> (Middle) <u>ENTIA</u> (Last) <u>MASLA</u>						
	8. CITIZENSHIP <u>Filipino</u>		9. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>				
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>00</u>	11. OCCUPATION <u>Unemployed</u>			
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>7-137 Centro Pagsabungan Mandaua City Cebu Philippines</u>						
<b>FATHER</b>	14. NAME (First) <u>RENAN</u> (Middle) <u>AMATONG</u> (Last) <u>ROMINA</u>						
	15. CITIZENSHIP <u>Filipino</u>	16. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>	17. OCCUPATION <u>LTO Staff</u>				
	18. AGE at the time of this birth (completed years) <u>25</u>						
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>7-137 Centro Pagsabungan Mandaua City Cebu Philippines</u>						
<b>MARRIAGE OF PARENTS</b> (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year) <u>Not Married</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>Not Applicable</u>					
21a. ATTENDANT <u>X1</u> Physician <u>  </u> 2 Nurse <u>  </u> 3 Midwife <u>  </u> 4 Midol (Traditional Birth Attendant) <u>  </u> 5 Others (Specify) <u>  </u>							
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 <u>801 7th</u> <u>  </u> <u>  </u> on the date of birth specified above.							
Signature _____ Name in Print <u>Mary Anne Villarín, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>Cebu North General Hospital, Inc. Kauswagan Rd., Talamban, Cebu City</u> Date <u>January 8, 2016</u>					
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 <u>Hiezel E. Masla</u> Relationship to the Child <u>Mother</u> Address <u>7-137 Centro Pagsabungan, Mandaua City</u> Date <u>January 8, 2016</u>		23. PREPARED BY Signature _____ Name in Print <u>Honeybert R. Samaco</u> Title or Position <u>OIC, Medical Records Dept.</u> Date <u>January 8, 2016</u>					
24. RECEIVED BY Signature _____ Name in Print <u>LUZ N. CUGAY</u> Title or Position <u>ADMINISTRATIVE AIDE III</u> Date <u>29 JAN 2016</u>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>HENRY P. TOMALABCAD</u> Title or Position <u>ASST. CITY CIVIL REGISTRAR</u> Date <u>29 JAN 2016</u>					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
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BEST POSSIBLE IMAGE

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Documentary

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