



Municipal Form No. 102 (Revised January 2007) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

Province CEBU		Registry No. 2014 26452	
City/Municipality CEBU CITY			
1. NAME (First) LERIANA HERA		(Middle) FLORES	
		(Last) MEJIAS	
2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 01	(Month) AUGUST	(Year) 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) SANCT ANTHONY MOTHER & CHILD HOSPITAL, BASAK, SAN NICOLAS, 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.) FIRST	6. WEIGHT AT BIRTH 2700 grams
7. MAIDEN NAME (First) JACKLYN		(Middle) OSMIN	(Last) FLORES
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEKEEPER
12. AGE at the time of this birth (completed years) 20			
13. RESIDENCE (House No., St., Barangay) COASTAL VIEW SUBD. LARAY, SAN ROQUE		(City/Municipality) TALISAY CITY	(Province) CEBU
(Country) PHILIPPINES			
14. NAME (First) JAVE		(Middle) MINGUITO	(Last) MEJIAS
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
		17. OCCUPATION NONE	
18. AGE at the time of this birth (completed years) 21			
19. RESIDENCE (House No., St., Barangay) COASTAL VIEW SUBD. LARAY, SAN ROQUE		(City/Municipality) TALISAY CITY	(Province) CEBU
(Country) PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) JANUARY (Day) 22 (Year) 2014		20b. PLACE (City / Municipality) TALISAY CITY (Province) CEBU (Country) PHILIPPINES	
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 06:19 P.M. am/pm on the date of birth specified above.			
Signature _____		Address SANCHO - BASAK, SAN NICOLAS	
Name in Print DR. MARIA NAZARETE G. SUAREZ		CEBU CITY, CEBU	
Title or Position Medical Specialist I		Date AUGUST 01, 2014	
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 _____		Signature _____	
Name in Print JACKLYN MEJIAS		Name in Print ISMINIA P. BALBUENA	
Relationship to the Child Mother		Title or Position Nurse III	
Address Coastal View Subd. Laray San Roque Talisay City, Cebu		Date August 01, 2014	
Date August 01, 2014			
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR	
Signature _____		Signature _____	
Name in Print LUZ N. CUGAY		Name in Print PHILIPP A. MEGABON	
Title or Position Administrative Aide III		Title or Position REGISTRATION OFFICER-IV	
Date AUG 28 2014		Date AUG 28 2014	
REMARKS/ANNOTATIONS (For LCRO/CRG 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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