



Municipal Form No. 102
Revised January 2007

(To be accomplished in quadruplicate using black ink)

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

Province CEBU		Registry No. 2015-2503		
City/Municipality MANDAUE CITY				
CHILD	1. NAME (First) VALERIE (Middle) TIGESTIGES (Last) MENDOZA			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 09 (Month) APRIL (Year) 2015		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/Barangay) PAANAPAN SA MANDAUE, TIPOLO (City/Municipality) MANDAUE CITY (Province) CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD	6. WEIGHT AT BIRTH 2200 grams
MOTHER	7. MAIDEN NAME (First) LESA (Middle) AVILA (Last) TIGESTIGES			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT IGLESIA NI CRISTO	
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION NOT APPLICABLE
	12. AGE at the time of this birth (completed years) 33		13. RESIDENCE (House No., St., Barangay) CASUNTINGAN (City/Municipality) MANDAUE CITY (Province) CEBU (Country) PHILIPPINES	
FATHER	14. NAME (First) VALLEY (Middle) MAGTUBA (Last) MENDOZA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION DATA ENTRY OPERATOR		18. AGE at the time of this birth (completed years) 32	
	19. RESIDENCE (House No., St., Barangay) CASUNTINGAN (City/Municipality) MANDAUE CITY (Province) CEBU (Country) PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year)		20b. PLACE (City / Municipality) (Province) (Country)		
21a. ATTENDANT <input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input checked="" 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 05:05 PM am/pm on the date of birth specified above.				
Signature _____ Name in Print MARY JANE M. SOCO Title or Position R.M.		Address TIPOLO, MANDAUE CITY Date APRIL 10, 2015		
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 _____ Name in Print VALLEY M. MENDOZA Relationship to the Child FATHER Address CASUNTINGAN, MANDAUE CITY Date APRIL 10, 2015		Signature _____ Name in Print LISA B. PRUDENCIADO Title or Position R.M. Date APRIL 10, 2015		
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR		
Signature _____ Name in Print ANALIZA P. FONTANOZA Title or Position OFFICE AIDE Date APR 15 2015		Signature _____ Name in Print THELMA C. CRISOLDON Title or Position CITY CIVIL REGISTRAR Date APR 15 2015		
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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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

