

(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 2010024597  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
AQUINA SHANE BOJOS PAGOBO

2. SEX 1 Male F 2 Female 3. DATE OF BIRTH (day) (month) (year)  
1 September 2010

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay  
Cebu Doctors' University Hospital, Cebu City, Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS  
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.) d. WEIGHT AT BIRTH  
2840 grams

6. MAIDEN NAME (First) (Middle) (Last)  
SHERYL FACTURANAN BOJOS

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION Housewife 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Lower Nivel Hills, Lahug, Cebu City, Cebu

13. NAME (First) (Middle) (Last)  
AQUILINO III SUNGAHID PAGOBO

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Production Worker 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

29 April 2010 - Regional Trial Court Branch 20, Fernan Hall Of Justice Capitol Site, Cebu City

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hijot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 02:10 AM o'clock am/pm on the date stated above.

Signature VENESSA GAILE CERNA, M.D. Address Cebu Doctors' University Hospital, Cebu City  
Name in Print Attending Physician Date 01 September 2010  
Title or Position

20. INFORMANT  
Signature AQUILINO S. PAGOBO III Address Lower Nivel Hills, Lahug, Cebu City  
Name in Print Father Date 01 September 2010  
Relationship to the child

21. PREPARED BY  
Signature GREGORIO D. EMPISO JR.  
Name in Print Medical records clerk  
Title or Position Date 01 September 2010

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature Oscar B. Molo  
Name in Print Registration Officer IV  
Title or Position Date SEP 08 2010

REMARKS/ANNOTATION

21. PREPARED BY  
Signature GREGORIO D. EMPISO JR.  
Name in Print Medical records clerk  
Title or Position Date 01 September 2010

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature Oscar B. Molo  
Name in Print Registration Officer IV  
Title or Position Date SEP 08 2010

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BReN  
02217-B10T10Y-7

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



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