



Municipal Form No. 102-  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

accomplished in quadruplicate using black ink)

Province <b>CEBU</b>		Registry No. <b>2013 07467</b>		
City/Municipality <b>CEBU CITY</b>				
<b>CHILD</b>	1. NAME (First) <b>SETH REUBEN</b> (Middle) <b>LICARDO</b> (Last) <b>MIÑOZA</b>			
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>26</b> (Month) <b>FEBRUARY</b> (Year) <b>2013</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</b> (City/Municipality) (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>3,500</b> grams
<b>MOTHER</b>	7. MAIDEN NAME (First) <b>JESSA MARIE</b> (Middle) (Last) <b>LICARDO</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT. <b>BORN AGAIN</b>	
	10a. Total number of children born alive <b>4</b>	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEKEEPER</b>
	12. AGE at the time of this birth (completed years) <b>21</b>			
13. RESIDENCE (House No., St., Barangay) <b>296-L GONZALES COMP. CAMPUTHAW, CEBU CITY, CEBU, PHILS.</b> (City/Municipality) (Province) (Country)				
<b>FATHER</b>	14. NAME (First) <b>LEMAR</b> (Middle) <b>MAGNO</b> (Last) <b>MIÑOZA</b>			
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT. <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>SERVICE CREW</b>	18. AGE at the time of this birth (completed years) <b>23</b>
	19. RESIDENCE (House No., St., Barangay) <b>296-L GONZALES COMP. CAMPUTHAW, CEBU CITY, CEBU, PHILS.</b> (City/Municipality) (Province) (Country)			
	<b>MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)</b>			
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT APPLICABLE</b>		
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 <b>10:15PM</b> am/pm on the date of birth specified above.				
Signature _____ Name in Print <b>JENNIFER P. AGUANTA, M.D.</b> Title or Position <b>PHYSICIAN</b>		Address <b>CEBU PUER. CNTR &amp; MATERNITY HOUSE, INC., CEBU CITY</b> Date <b>26 FEBRUARY 2013</b>		
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 <b>JESSA MARIE LICARDO</b> Relationship to the Child <b>MOTHER</b> Address <b>CAMPUTHAW, CEBU CITY, CEBU</b> Date <b>26 FEBRUARY 2013</b>		23. PREPARED BY Signature _____ Name in Print <b>CLARISA T. ROXAS</b> Title or Position <b>CLERK</b> Date <b>26 FEBRUARY 2013</b>		
24. RECEIVED BY Signature _____ Name in Print <b>RIDOLITO P. YBAÑEZ</b> Title or Position <b>ADMINISTRATIVE AIDE I</b> Date <b>MAR 11 2013</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>OSCAR B. MOLO</b> Title or Position <b>ASST. CITY CIVIL REGISTRAR</b> Date <b>MAR 11 2013</b>		
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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BReN  
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*CDSM*

CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

