



Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for CCRG)

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. **2010003864**  
City/Municipality **CEBU CITY**

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)  
**BRIDGETTE SHANE SANTOS PIEDAD**

For CCRG USE ONLY:  
Population Reference No.

2. SEX **F** 3. DATE OF BIRTH (day) (month) (year)  
**05 February 2010**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
**CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU**

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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

41

6. MAIDEN (First) (Middle) (Last)  
**NAMBENNIFER CASTRO SANTOS**

45

7. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

49 50

9a. Total number of children born alive: **TWO** b. No. of children still living including this birth: **TWO** c. No. of children born alive but are now dead: **NONE**

55

10. OCCUPATION **SALES MANAGER** 11. Age at the time of this birth: **32** years

61

12. RESIDENCE **RD. RAJAH TOWNHOMES, PAGSABUNGAN, MANDAUE CITY, CEBU**

63 64

13. NAME (First) (Middle) (Last)  
**AURO CARMELO CAMPOSAN PIEDAD**

66 69

14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN CATHOLIC**

70 72 74

16. OCCUPATION **PRODUCT SPECIALIST** 17. Age at the time of this birth: **32** years

76 79

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment) **SEPTEMBER 02, 2004 CEBU CITY, CEBU**

19a. ATTENDANT **XX** 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify)

81

19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at **03:13 AM** o'clock am/pm on the date stated above.

Signature **M. EVA ASSUMPTA V. LIM, M.D.** Address **C/O CHONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU**

Title or Position **ATTENDING PHYSICIAN** Date **FEB 06, 2010**

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20. INFORMANT Signature **AURO CARMELO C. PIEDAD** Address **BLK. 2 LOT 20 RAJAH TOWNHOMES, PAGSABUNGAN, MANDAUE CITY, CEBU**

Name in Print **AURO CARMELO C. PIEDAD** Date **FEB 06, 2010**

86 87

21. PREPARED BY Signature **JULIUS A. VAMPOLOQUIO** Address **BLK. 2 LOT 20 RAJAH TOWNHOMES, PAGSABUNGAN, MANDAUE CITY, CEBU**

Name in Print **JULIUS A. VAMPOLOQUIO** Date **FEB 06, 2010**

88 91

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature **OSCAR B. MOLO** Address **BLK. 2 LOT 20 RAJAH TOWNHOMES, PAGSABUNGAN, MANDAUE CITY, CEBU**

Name in Print **OSCAR B. MOLO** Date **FEB 09 2010**

89 94

06735-2G-991LSD-00334-BI004

BReN  
02217-B10D50T-8

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

Documentary  
Stamp Tax Paid



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