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
City/Municipality: CEBU CITY
Registry No.: 2014 17679

CHILD

1. NAME (First): JUNE ACHECO (Middle): GALUPO (Last): ESTILLORE
2. SEX (Male / Female): MALE
3. DATE OF BIRTH (Day): 1 (Month): JUNE (Year): 2014
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay): CEBU PUER. CENTER & MATERNITY HOUSE, INC., (City/Municipality): CEBU CITY, (Province): 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.): SECOND
6. WEIGHT AT BIRTH: 3,200 grams

MOTHER

7. MAIDEN NAME (First): CHELYN (Middle): CERO (Last): GALUPO
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 2
10b. No. of children still living including this birth: 2
10c. No. of children born alive but are now dead: 0
11. OCCUPATION: TEACHER
12. AGE at the time of this birth (completed years): 30
13. RESIDENCE (House No., St., Barangay): 55 KAWIT ST., (City/Municipality): CEBU CITY (Province): CEBU (Country): PHILIPPINES

FATHER

14. NAME (First): JUNE (Middle): ABELLANA (Last): ESTILLORE
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: POSTMAN
18. AGE at the time of this birth (completed years): 40
19. RESIDENCE (House No., St., Barangay): 55 KAWIT ST., (City/Municipality): CEBU 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): JANUARY 19, 2007
20b. PLACE (City / Municipality) (Province) (Country): CEBU CITY, CEBU PHILS.

21a. ATTENDANT
1 Physician (X) 2 Nurse ( ) 3 Midwife ( ) 4 Hilot (Traditional Birth Attendant) ( ) 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 4:45 PM am/pm on the date of birth specified above.

Signature:
Name in Print: MA.EVA ASSUMPTA LIM, M.D.
Title or Position: PHYSICIAN
Address: CEBU PUERI.CNTR.& MATERNITY HOUSE, INC., CEBU CITY
Date: 1 JUNE 2014

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: CHELYN G. ESTILLORE
Relationship to the Child: MOTHER
Address: 55 KAWIT ST., CEBU CITY CEBU
Date: 1 JUNE 2014

23. PREPARED BY

Signature:
Name in Print: JUNE JIE S. DIONIO
Title or Position: CLERK
Date: 1 JUNE 2014

24. RECEIVED BY

Signature:
Name in Print: LUZ N. CUGAY
Title or Position: ADMINISTRATIVE AIDE III
Date: JUN 10 2014

25. REGISTERED BY THE CIVIL REGISTRAR

Signature:
Name in Print: PHILIPP A. MEGABON
Title or Position: REGISTRATION OFFICER IV
Date: JUN 10 2014

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CERTIFIED TRUE MACHINE COPY
FROM THE ORIGINAL ON FILE

PHILIPP A. MEGABON
REGISTRATION OFFICER IV

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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