

Multiple Form No. 102
(Revised January 1993)

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 11a.)

Province CEBU Registry No. 20100343

City/Municipality CEBU CITY

1. NAME (First) CHLOE MARIE (Middle) MANAGING (Last) PANUGALING

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
24 December 2009

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
Home No., Street, Barangay) CHONG HUA HOSPITAL, FUENTE OSMENA BLVD., CEBU CITY, CEBU

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Others, Specify _____

b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (Give births and fetal deaths
including this delivery)
SECOND (First, second, third, etc.)

d. WEIGHT AT BIRTH 3400 grams

6. MAIDEN NAME (First) (Middle) (Last)
MEDELIN ORDENIZA MANAGING

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

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

10. OCCUPATION SALES DEMO

11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
TRES DE ABRIL STREET PUNTA PRINCESA CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
FRANCIS NIERE PANUGALING

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SELF-EMPLOYED

17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
SEPTEMBER 28, 2002 TANGUB CITY, MISAMIS OCCIDENTAL

19a. ATTENDANT XX 1 Physician 2 Nurse 3 Midwife
4 Hilot (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 08:46 AM o'clock
am/pm on the date stated above.

Signature [Signature] Address C/O CHONG HUA HOSPITAL,
PUENTE OSMENA BLVD., CEBU
Name in Print PRIL ANNE POBLETE BOLO, M.D. City CEBU
Title or Position ATTENDING PHYSICIAN Date JAN 02, 2010

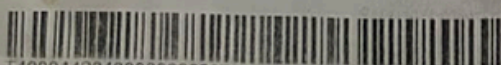
20. INFORMANT TRES DE ABRIL STREET PUNTA
PRINCESA CEBU CITY, CEBU

Signature [Signature] Address CIVIL REG.
Name in Print FRANCIS NIERE PANUGALING Date JAN 02, 2010
Relationship to the child FATHER

21. PREPARED BY [Signature] 22. RECEIVED AT THE OFFICE OF
ELIZER SAGAYA UEDA CERNA THE CIVIL REGISTRAR
Name in Print ELIZER SAGAYA UEDA CERNA Signature [Signature]
Title or Position MEDICAL RECORDS CLERK Name in Print OSCAR B. MOLO
Date JAN 02, 2010 Title or Position REGISTRATION OFFICER IV
Date JAN 05 2010

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Documentary
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Carmelita N. Erieta
CARMELITA N. ERIETA
Administrator and Civil Registrar General
National Statistics Office

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** 2004 No. 27869
City/Municipality **Cebu City**

1. NAME (First) (Middle) (Last)
FRANKLIN JOHN MANAGING PANUGALING
2. SEX ☒ 1 Male ☐ 2 Female
3. DATE OF BIRTH (day) (month) (year)
05 Sept. 2004

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

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
FIRST (first, second, third, etc.) **3515** grams

6. MAIDEN NAME (First) (Middle) (Last)
MEDELIN ORDENIZA MANAGING

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: **0**

10. OCCUPATION **Promo** 11. Age at the time of this birth: **28** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Tres De abril St. Punta princesa Cebu city Cebu

13. NAME (First) (Middle) (Last)
FRANCIS NIERE PANUGALING

14. CITIZENSHIP **Filipino** 15. RELIGION **Roman Catholic**

16. OCCUPATION **Driver** 17. Age at the time of this birth: **25** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 28, 2002 Pangabuan Tangub, City

19a. ATTENDANT
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife
☐ 4 Hilot (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 **9:30 Pm** o'clock
am/pm on the date stated above.

Signature **JOJEAN MARI QUIBOY M.D.** Address **Cebu Doctors Hospital**
Name in Print **Cebu City**
Title or Position **Attending Physician** Date **September 05, 2004**

20. INFORMANT
Signature **MEDELIN PANUGALING** Address **Tres De abril Punta**
Name in Print **Princesa Cebu city**
Relationship to the child **Mother** Date **September 05, 2004**

21. PREPARED BY
Signature **GREG EMPISO**
Name in Print **Medical records clerk**
Title or Position **September 05, 2004**
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature **OSCAR B. MOLO**
Name in Print **Registration Officer IV**
Title or Position **2004 SEP 16**
Date

REMARKS/ANNOTATION

OSCAR B. MOLO
REGISTRATION OFFICER IV

For OC 7G USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

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