ADOPTING SECTION

Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: BILIRAN
City/Municipality: NAVAL
Registry No.:

CHILD

1. NAME (First): MAXUEL RESTIE (Middle): QUEIPO (Last): GARRIDO
2. SEX (Male / Female): MALE
3. DATE OF BIRTH (Day): 22 (Month): JANUARY (Year): 2023
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay): BILIRAN PROVINCIAL HOSPITAL CASTIN ST., (City/Municipality): NAVAL (Province): BILIRAN
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.): SINGLE
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.): NOT APPLICABLE
5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.): THIRD
6. WEIGHT AT BIRTH: 3000 grams

MOTHER

7. MAIDEN NAME (First): LOUISE ADELINE (Middle): ALANDRA (Last): QUEIPO
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 03
10b. No. of children still living including this birth: 03
10c. No. of children born alive but are now dead: 00
11. OCCUPATION: HOUSEWIFE
12. AGE at the time of this birth (completed years): 32
13. RESIDENCE (House No., St., Barangay): APARTMENT 92,VISAYAS STATE UNIVERSITY BRGY.PANGASUGAN (City/Municipality): BAYBAY CITY (Province): LEYTE (Country): PHILIPPINES

FATHER

14. NAME (First): MICHAEL DOMINIC (Middle): MADREDIJO (Last): GARRIDO
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: UNIVERSITY INSTRUCTOR
18. AGE at the time of this birth (completed years): 30
19. RESIDENCE (House No., St., Barangay): APARTMENT 92,VISAYAS STATE UNIVERSITY BRGY.PANGASUGAN (City/Municipality): BAYBAY CITY (Province): LEYTE (Country): PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year): JULY 6, 2017
20b. PLACE (City / Municipality): BAYBAY CITY (Province): LEYTE (Country): PHILIPPINES

21a. ATTENDANT

X 1 Physician 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 09:24 AM am/pm on the date of birth specified above.

Signature
Name in Print: JUDY D. HUILAR,MD.
Title or Position: MEDICAL SPECIALIST-II
Address: BILIRAN PROVINCIAL HOSPITAL CASTIN ST., NAVAL,BILIRAN
Date: JANUARY 23, 2023

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: MICHAEL DOMINIC M. GARRIDO
Relationship to the Child: FATHER
Address: APARTMENT 92,VISAYAS STATE UNIVERSITY BRGY.PANGASUGAN,BAYBAY CITY
Date: JANUARY 23, 2023

23. PREPARED BY

Signature
Name in Print: TERESITA BERNAL-TABIRAO
Title or Position: MEDICAL RECORDS STAFF
Date: JANUARY 23, 2023

24. RECEIVED BY

Signature
Name in Print

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print