

Municipal Form No. 102 (Revised August 2016) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH (To be accomplished in quadruplicate using black ink)

Province **CEBU** City/Municipality **CEBU** Registry No. **202600090**

CHILD

1. NAME (First) **IMELDA CONCEPCION CONCHITA** (Middle) **SINGSON** (Last) **GONZALEZ**
 2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **05** (Month) **MAY** (Year) **1928**
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) **GORORDO AVE. CEBU CEBU** (Province)
 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 the birth to previous live births including fetal death) (First, Second, Third, etc.) **SIXTH** 6. WEIGHT AT BIRTH **DK** grams

MOTHER

7. MAIDEN NAME (First) **ROSARIO** (Middle) **CHIONG VELOSO** (Last) **SINGSON**
 8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
 10a. Total number of children born alive **6** 10b. No. of children still living including this birth **6** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **BUSINESSWOMAN** 12. AGE at the time of this birth (completed years) **29**
 13. RESIDENCE (House No., St., Barangay) **GORORDO AVE. CEBU CEBU** (Province) (Country) **PHILIPPINES**

FATHER

14. NAME (First) **VIRGILIO** (Middle) **RUFINO SICO** (Last) **GONZALEZ**
 15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **DOCTOR** 18. AGE at the time of this birth (completed years) **36**
 19. RESIDENCE (House No., St., Barangay) **GORORDO AVE. CEBU CEBU** (Province) (Country) **PHILIPPINES**

MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
 20a. DATE (Month) (Day) (Year) **FORGOTTEN** 20b. PLACE (City / Municipality) (Province) (Country) **FORGOTTEN**

21a. ATTENDANT
 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 **D.K.** am/pm on the date of birth specified above.

Signature _____ Address **N.A.**
 Name in Print **DON'T KNOW**
 Title or Position **HILLOT** Date _____

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 **MARK GONZALEZ CANCIO**
 Relationship to the Child **SON**
 Address **288 GORORDO AVE., CEBU CITY**
 Date _____

23. PREPARED BY
 Signature _____
 Name in Print **MARK GONZALEZ CANCIO**
 Title or Position **SON**
 Date _____

24. RECEIVED BY
 Signature _____
 Name in Print **SUSANA ALINSON**
 Title or Position **Administrative Aide III**
 Date **DEC 23 2025**

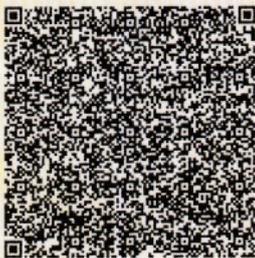
25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print **PHILIP A. MEGARON**
 Title or Position **REGISTRAR R IV**
 Date **JAN 05 2026**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
DEL. ION

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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09516-B7-006RDP-00059-BI001
 BEST POSSIBLE IMAGE

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



