



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

**DELAYED REGISTRATION**

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province \_\_\_\_\_  
City/Municipality Zamboanga City Registry No. 2007-4376  
2001-4376

1. NAME (First) (Middle) (Last)  
MARIEJUNE FERNANDO TORAL

For OCRG USE ONLY:  
Population Reference No.

2. SEX X 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
02 April 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Western Mindanao Medical Center, Zamboanga City

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

41  
0 2 0 2 3 1

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) Third  
d. WEIGHT AT BIRTH (grams) 3100

48  
0

6. MAIDEN NAME (First) (Middle) (Last)  
MARISOL SANSON FERNANDO

49 50  
0 0 2 0 0 0 0 1

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

55  
7 3 2 2 0

9a. Total number of children born alive: 3  
b. No. of children still living including this birth: 3  
c. No. of children born alive but are now dead: 0

61  
0

10. OCCUPATION Employee- LGT Corp.

11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
No.8-Aquarius St. Guiwan, Zamboanga City

62 64  
0 0 0 0 0 0

13. NAME (First) (Middle) (Last)  
JUNE BAUTISTA TORAL

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

68 69  
1 0

16. OCCUPATION Employee- LGT Corp.

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

70 72 74  
0 3 0 0 0 0

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
September 25, 1996 - St. Anthony de Padua Parish Church Putik, Zamboanga City

76 78  
0 0 0 0 0 0

19a. ATTENDANT X 1 Physician X 2 Nurse X 3 Midwife  
X 4 Healer (Traditional Midwife) X 5 Others (Specify) \_\_\_\_\_

81  
0 0 0 0 0 0

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 7:47 a.m. o'clock am/pm on the date signed above.  
Signature [Signature] Address Zamboanga City  
Name in Print CELENA ARADANI, M.D.  
Title or Position Physician Date April 23, 2002

85 87  
0 0

20. INFORMANT  
Signature [Signature] Address No.8-Aquarius St. Guiwan Zamboanga City  
Name in Print JUNE B. TORAL  
Relationship to the child Father Date April 23, 2002

91  
0 0 0 0 0 0

21. PREPARED BY  
Signature [Signature]  
Name in Print LEONORA H. GONZALES  
Title or Position Medical Rec. Officer  
Date April 23, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ALEXANDER ERIB F. ELIA  
Title or Position Department Head (I)  
Date April 19, 2002

93 94  
0 0

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BEST POSSIBLE IMAGE  
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XN400158438

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Documentary  
Stamp Tax Paid

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

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_ parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, MARISOL F. TORAL, of legal age, single/married and with residence and postal address at Aquarius St. Ad. N. Subd. Guisan, Zambo. City, after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
- 2. That I/he/she was born on April 2, 2001 at Western Mindanao Medical Center at \_\_\_\_\_
- 3. That I/he/she was attended at birth by Dr. Calina Arjuna who resides at Zamboanga City
- 4. That I/he/she is a citizen of Philippines
- 5. That my/his/her parents were  married on September 5, 1996 at Zamboanga City  
 not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
- 6. That the reason for the delay in registering my/his/her birth was due to transfer of residence
- 7. That a copy of my/his/her birth certificate is needed for the purpose of birth registration to Cebu City
- 8.  (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the mother of the said person.

(Signature of Affiant)

Community Tax No. 18629661

Date Issued March 06, 2007

Place Issued Zamboanga City

SUBSCRIBED AND SWORN to before me this 6th day of MARCH, 2007 at Zamboanga City, Philippines.

RASHINA D. MENDOZA  
Assistant City Civil Registrar  
(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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BReN  
07332-B01H20A-3

Documentary  
Stamp Tax Paid

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