



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1983)

(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. Mark X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province LEYTE Registry No. 48  
City/Municipality BATO 2003

CHILD	1. NAME <u>INORID</u> (First) <u>MENDOZA</u> (Middle) <u>CRUZ</u> (Last)			For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41 <u>50300000</u> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <u>191200</u> 56 <u>02000</u> 61 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <u>01</u> 72 <u>00</u> 74 <u>00</u> 78 <u>230</u> 79 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> <u>1660</u> 88 <u>230</u> 91 <u>24</u> 93 <input type="checkbox"/> 94 <input type="checkbox"/> <u>11/1/03</u>
	2. SEX <u>X</u> <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH <u>19 DECEMBER 2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>BRGY. ALEJOS BATO LEYTE</u>			
	5a. TYPE OF BIRTH <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
	c. BIRTH ORDER (Give births and fetal deaths including this delivery) (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>2700</u> grams	
	6. MARDEN NAME (First) (Middle) (Last) <u>CRUZ</u> <u>MENDOZA</u> <u>CRUZ</u>			
MOTHER	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>R.C.</u>	
	9a. Total number of children born alive: _____	b. No. of children still living including this birth: _____	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>STUDENT</u>		11. Age at the time of this birth: _____ years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BRGY. ALEJOS BATO LEYTE</u>			
	13. NAME (First) (Middle) (Last) <u>CRISTIAN</u> <u>TRIANA</u> <u>MARASANG</u>			
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>R.C.</u>	
16. OCCUPATION <u>STUDENT</u>		17. Age at the time of this birth: <u>24</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>				
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:45 P.M.</u> o'clock am/pm on the <u>19th</u> day of <u>December</u> 20 <u>02</u> at <u>Brgy. Bagongbayan Bato, Leyte</u> Signature <u>[Signature]</u> Address _____ Name in Print <u>[Name]</u> Date <u>Jan. 13, 2003</u> Title or Position _____				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Brgy. Alejos, Bato, Leyte</u> Name in Print <u>Mother</u> Date <u>Jan. 13, 2003</u> Relationship to the child _____				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JERINA L. LUCINO</u> Title or Position <u>ICR-Clerk</u> Date <u>Jan. 13, 2003</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>THELMA B. BHERA</u> Title or Position <u>SENIOR CLERK</u> Date <u>JANUARY 13, 2003</u>		

06334-98-400NSY-00495-BI001

BEST POSSIBLE IMAGE



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CL000351668

BReN  
03707-B02ZD02-2

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, GENETIAN MAGTASANG 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.

GENETIAN MAGTASANG

(Signature of Father)

(Signature of Mother)

Community Tax No. 10356248  
Date Issued Jan. 19, 2003  
Place Issued Bato, Leyte

Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 17th day of January, 2003  
at \_\_\_\_\_, Philippines.

[Signature]  
(Signature of Administering Officer)

Tr. Liza B. Bersales

(Name in Print)

SWA-DIC/LCR

(Title/Designation)

BATO, LEYTE

(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, \_\_\_\_\_, of legal age, single/married  
and with residence and postal address at \_\_\_\_\_,  
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 \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 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 \_\_\_\_\_
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
8.  (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

(Signature of Affiant)

Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

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

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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BEST POSSIBLE IMAGE



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