



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 \_\_\_\_\_ Registry No. 287999

City/Municipality MANILA

1. NAME (First) (Middle) (Last) <u>GERALD MACALDO TAAN</u>			For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41 9 2 5 7 9 9 5 48 1 49 50 1 19 0 6 9 7 56 3 9 0 5 7 61 7 62 64 6 3 3 0 6 6 68 69 7 7 70 72 74 0 3 0 3 0 1 76 78 2 2 5 2 7 81 3 9 0 1 9 86 87 1 1 1500 88 91 9 9 9 2 8 93 1 12 16 7 1 94 1 3 2 0 1 97 1 0 7 1 1 1
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>19 JUNE 1997</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>DR. YNC PAPILLA MEM. HOSP. Logo de Vega, Sta. Cruz, MA.</u>			
5a. TYPE OF BIRTH <input checked="" 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 (live births and fetal deaths including this delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3000</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>AIMA MACALDO</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>CATHOLIC</u>	
9a. Total number of children born alive: <u>3</u>	b. No. of children still living including this birth: <u>3</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>27</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BLDG. 22 UNIT 4012 NHA VITAS ST. KATUPARAN TONDO, MANILA</u>			
13. NAME (First) (Middle) (Last) <u>ROGELIO TAAN</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CATHOLIC</u>	
16. OCCUPATION <u>LABORER</u>		17. Age at the time of this birth: <u>28</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>DECEMBER 16, 1992 - MANILA</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>7:52 A.M.</u> o'clock a.m./p.m. on the date stated above. Signature: _____ Address: <u>DR. YNC PAPILLA MEM. HOSP. Logo de Vega, Sta. Cruz, MA.</u> Name in Print: <u>DR. WILHELMINA ANG</u> Title or Position: <u>MD. OFFICER</u> Date: <u>JUNE 19, 1997</u>			
20. INFORMANT Signature: _____ Address: <u>BLDG. 22 UNIT 402 NHA VITAS ST. KATUPARAN TONDO, MA.</u> Name in Print: <u>AIMA M. TAAN</u> Relationship to the child: <u>MOTHER</u> Date: <u>JUNE 20, 1997</u>			
21. PREPARED BY Signature: _____ Name in Print: <u>J. GOOD</u> Title or Position: <u>CLERK</u> Date: <u>JUNE 20, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: _____ Name in Print: <u>ALY REYNOLDO G. GRACIA</u> Title or Position: <u>OFFICER IN CHARGE</u> Date: _____	

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BEST POSSIBLE IMAGE



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Documentary  
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*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

