

(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

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

Province: Ilocos Norte Registry No.: 2017-20

1. NAME: MEAN (First), (Middle), (Last)
2. SEX: 1 Male, 2 Female
3. DATE OF BIRTH: 02/13/2009 (day, month, year)
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
5a. TYPE OF BIRTH: 1 Single, 2 Twin, 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: 1 First, 2 Second, 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3450 grams

6. MAIDEN NAME: (First), (Middle), (Last)
7. CITIZENSHIP: Filipino
8. RELIGION: Catholic
9a. Total number of children born alive: 05
b. No. of children still living including this birth: 05
c. No. of children born alive but are now dead: 00
10. OCCUPATION:
11. Age at the time of this birth: 1 years
12. RESIDENCE: (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME: (First), (Middle), (Last)
14. CITIZENSHIP: Filipino
15. RELIGION: Catholic
16. OCCUPATION:
17. Age at the time of this birth: 42 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDANT: 1 Physician, 2 Nurse, 3 Midwife, 4 Mid (Traditional/Midwife), 5 Others (Specify)

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 6:00 am/pm on the date stated above.

Signature, Name in Print, Title or Position, Address, Date

20. INFORMANT: Signature, Name in Print, Relationship to the child, Address, Date

21. PREPARED BY: Signature, Name in Print, Title or Position, Date
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature, Name in Print, Title or Position, Date

1450

030023

030101

42085

053174

050500

220 40

42085

15

614 42

1

0

07915-96-400GQC-00315-BI001

BReN 04208-B01B301-1

CDSM

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



T400079154000031509022021001 BP000301133

Documentary Stamp Tax Paid





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

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

(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, Teresita T. Rosaraga, Luzaran, Lopez Jaena, Marikina, Metro Manila, 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 03 January 2001 at \_\_\_\_\_
3. That I/he/she was attended at birth by Ester Paculba \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of Philippines
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 \_\_\_\_\_ of the said person.
[ ] (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

Teresita Rosaraga
(Signature of Applicant)
Community Tax No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Place Issued \_\_\_\_\_

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

(Signature of Administering Officer) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_
(Name in Print) \_\_\_\_\_ (Address) \_\_\_\_\_

07915-96-400GQC-00315-BI001
BEST POSSIBLE IMAGE



BReN
40208-B01B301-1

Documentary
Stamp Tax Paid

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

