


 Municipal Form No. 102  
 (Revised January 2007)

(To be accomplished in quadruplicate using black ink)

 Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province <b>CAVITE</b>		Registry No. <b>2014-9336</b>		
City/Municipality <b>CITY OF DASMARIÑAS</b>				
CHILD	1. NAME (First) (Middle) (Last) <b>IRISH ANNE</b> <b>GLARIANA</b>			
	2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>08</b> <b>OCTOBER</b> <b>1999</b>		
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, House No., St., Barangay) (City/Municipality) (Province) <b>VALGOMERA MEDICAL CLINIC - DASMARIÑAS</b> <b>CAVITE</b>			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE.</b>	5c. BIRTH ORDER (Order of the birth or previous live births including fetal deaths) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2325</b> grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>ANECITA</b> <b>EBAROLA</b> <b>GLARIANA</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>HOUSEKEEPER, PRIVATE</b>
	12. AGE at the time of this birth (completed years) <b>25</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>DASMARIÑAS</b> <b>CAVITE</b> <b>PHILIPPINES</b>				
FATHER	14. NAME (First) (Middle) (Last) <b>UNKNOWN</b>			
	15. CITIZENSHIP <b>N/A</b>		16. RELIGION/RELIGIOUS SECT <b>N/A</b>	
	17. OCCUPATION <b>N/A</b>		18. AGE at the time of this birth (completed years) <b>N/A</b>	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N/A</b>			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) <b>N/A</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>		
21a. ATTENDANT				
<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <b>N.A.</b> am/pm on the date of birth specified above.				
Signature _____ Name in Print <b>CAN'T RECALL</b> Title or Position <b>PHYSICIAN</b>		Address <b>N.A.</b> Date <b>N.A.</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY		
Signature <i>Anecita G. Sandoval</i> Name in Print <b>ANECITA GLARIANA SANDOVAL</b> Relationship to the Child <b>MOTHER</b> Address <b>DALAQUETE, CEBU</b> Date <b>OCTOBER 24, 2014</b>		Signature <i>Marie F. Zambrano</i> Name in Print <b>MARIE F. ZAMBRANO</b> Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b> Date <b>OCTOBER 24, 2014</b>		
24. RECEIVED BY Signature <i>Sheril E. Ardon</i> Name in Print <b>SHERIL E. ARDON</b> Title or Position <b>SR. ADMINISTRATIVE ASSISTANT II</b> Date <b>NOVEMBER 06, 2014</b>		25. REGISTERED BY THE CIVIL REGISTRAR Signature <i>Vina P. San Gabriel</i> Name in Print <b>VINA P. SAN GABRIEL</b> Title or Position <b>CITY CIVIL REGISTRAR</b> Date <b>NOVEMBER 17, 2014</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <b>DELAYED REGISTRATION</b> <b>REGISTERED PURSUANT TO RULE 20 OF ADMIN. ORDER NO. 1, SERIES OF 1993.</b>				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.

 National Statistician and Civil Registrar General  
 Philippine Statistics Authority




**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, \_\_\_\_\_ and \_\_\_\_\_ who was  
of legal age, am/are the natural mother and/or father of \_\_\_\_\_  
born on \_\_\_\_\_ at \_\_\_\_\_

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ by  
\_\_\_\_\_ and \_\_\_\_\_, who exhibited to me (his/her)  
Community Tax Cert. No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, ANECTTA GLARIANA SANDOVAL, of legal age, single/married/divorced/widow/widower, with  
residence and postal address at CORO, DALAGUETE, CEBU

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

my birth in \_\_\_\_\_ on \_\_\_\_\_  
 the birth of IRISH ANNE GLARIANA who was born in DASMARINAS, CAVITE  
on OCTOBER 08, 1999

2. That I/he/she was attended at birth by PHYSICIAN who resides at  
N.A.

3. That I am/he/she is a citizen of PHILIPPINES

4. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but I/he/she was acknowledged/not acknowledged by my/his/her  
father whose name is \_\_\_\_\_

5. That the reason for the delay in registering my/his/her birth was NEGLIGENCE

6. (For the applicant only) That I am married to \_\_\_\_\_  
(If the applicant is other than the document owner) That I am the MOTHER of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this 24th day of OCTOBER, 2014  
at DALAGUETE, CEBU, Philippines.

Anectta G. Sandoval  
ANECTTA GLARIANA SANDOVAL  
(Signature Over Printed Name of Affiant)

**SUBSCRIBED AND SWORN** to before me this 24th day of OCTOBER, 2014 at  
DALAGUETE, CEBU, Philippines, affiant who exhibited to me his Community Tax Cert.  
08175721 issued on 10/24/2014 at DALAGUETE, CEBU

Signature of the Administering Officer

MUNICIPAL CIVIL REGISTRAR

Position / Title / Designation

MARIE FE V. ZAMBRANO

DALAGUETE, CEBU

Name in Print

Address

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

