



(Copy for OCRG)

Municipality 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, 6b and 19a.)					
Province LEYTE		City/Municipality ABUYOG		Registry No. 2009-344	
CHILD	1. NAME (First) (Middle) (Last) MARY LODISE RUFIL SOCO		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 14 June 2009		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Brgy. Balocawehay, Abuyog, Leyte				
	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) 1st (first, second, third, etc.)		d. WEIGHT AT BIRTH 3100 grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) Jiji Rufil Soco		7. CITIZENSHIP Filipino		
	8. RELIGION Roman Catholic		9a. Total number of children born alive: 1		
	b. No. of children still living including this birth: 1		c. No. of children born alive but are now dead: 0		
	10. OCCUPATION Housekeeper		11. Age at the time of this birth: 27 years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Brgy. Balocawehay, Abuyog, Leyte		13. NAME (First) (Middle) (Last)		
FATHER	14. CITIZENSHIP		15. RELIGION		
	16. OCCUPATION		17. Age at the time of this birth: _____ years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) Not married				
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (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 4:30 o'clock am/pm on the date stated above.				
Signature _____ Address _____ Name in Print _____ Title or Position Hilot Date _____		20. INFORMANT Signature _____ Address Brgy. Balocawehay, Abuyog, Leyte Name in Print GEORGIA S. SHIGA Date March 16, 2009 Relationship to the child Aunt			
21. PREPARED BY Signature _____ Name in Print MA. BEATA O. COSTIN Title or Position Clerk III Date March 16, 2009		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print HARRISSA A. CUMPIO Title or Position MOB Date March 25, 2009			

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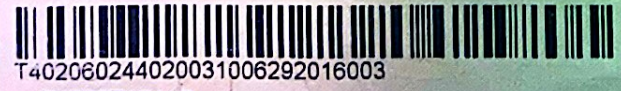


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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

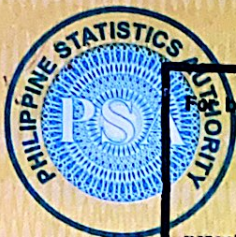


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births before 3 August 1988/on or after 3 August 1988

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 _____
 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, Cecilia S. Shiga, of legal age, single/married
 and with residence and postal address at Brgy. Balocawehay, Abuyog, Leyte,
 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 MARY LOUISE R. SOCO
2. That I/he/she was born on June 14, 2000 at Brgy. Balocawehay, Abuyog, Leyte who resides at Leyte
2. That I/he/she was attended at birth by _____
4. That I/he/she is a citizen of the 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 negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of Record
8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

Cecilia S. Shiga
 CECILIA S. SHIGA
 (Signature of Affiant)

Community Tax No. _____
 Date Issued _____
 Place Issued Abuyog, Leyte

SUBSCRIBED AND SWORN to before me this 25th day of March, 2009
 at Abuyog, Leyte, Philippines.

 (Signature of Administering Officer)
HENRISSA A. CUMPIO
 (Name in Print)

MCR
 (Title/Designation)
Abuyog, Leyte
 (Address)

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