



August 7, 1998

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)

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 Zamboanga del Sur Registry No. 98-997
 City/Municipality Margosatubig

1. NAME (First) ROCHELLE (Middle) REGIS (Last) COSEP

2. SEX Male Female **3. DATE OF BIRTH** (day) (month) (year) July 19 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Margosatubig District Hospital-Margosatubig, Zambo del Sur

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 total deaths including this delivery) (first, second, third, etc.) 3rd **d. WEIGHT AT BIRTH** 3535 grams

6. MAIDEN NAME (First) Corazon (Middle) Teribio (Last) Regis

7. CITIZENSHIP Fil. **8. RELIGION** R.C.

9a. Total number of children born alive: 3 **b. No. of children still living including this birth:** 3 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION Housekeeper **11. Age at the time of this birth:** 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Poblacion, Margosatubig, Zamboanga del Sur

13. NAME (First) Roger (Middle) Basse (Last) Cesop

14. CITIZENSHIP Fil. **15. RELIGION** R.C.

16. OCCUPATION Businessman **17. Age at the time of this birth:** 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Aug. 27, 1987 - Margosatubig, Zambo. del Sur

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (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 8:30 o'clock am/pm on the date stated above.

Signature _____ Address Margos Dist. Hospital
 Name in Print ELBERTO A. BUCOY, M.D. Margosatubig, Zambo. del Sur
 Title or Position Medical Officer IV Date Aug. 7, 1998

20. INFORMANT
 Signature _____ Address Poblacion, Margosatubig
 Name in Print CORAZON R. COSEP Zambo. del Sur
 Relationship to the child Mother Date Aug. 7, 1998

21. PREPARED BY
 Signature _____
 Name in Print PERLA G. GARCIA
 Title or Position Med. Rec. Clerk
 Date Aug. 7, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print CARMEN E. EMPLEO
 Title or Position Local Civil Registrar
 Date Aug. 7, 1998

REMARKS/ANNOTATION
7317-A98PB01-3
9500997
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110798
73171
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033535
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413 32
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08229-96-122QDB-00247-BI001

BEST POSSIBLE IMAGE



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CSM
 CLAIRE DENNIS S. MAPA, 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, _____ 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 _____

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, _____, 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 _____ at _____, Philippines.

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

08229-96-122QDB-00247-BI001

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



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