



Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

Copy for OCRO

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, 3a, 5b and 10a.)

REMARKS/ANNOTATION

Province Metro Manila City/Municipality Makati City Registry No. 2003-2389

1. NAME (First) Middle (Last) JACDIE KATE

2. SEX 1 Male XX 2 Female 3. DATE OF BIRTH (day) (month) (year) 21 February 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Makati Medical Center, Makati City

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (five births and total deaths including this delivery) (first, second, third, etc.) Third d. WEIGHT AT BIRTH 3551 grams

6. MAIDEN NAME (First) (Middle) (Last) ROMINA BALDOMAR KATE

7. CITIZENSHIP Filipino 8. RELIGION Catholic

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 None 11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 3071 Tolentino St., Pinagkaisahan, Makati City

13. NAME (First) (Middle) (Last) JEFFREY SALEM DAGANDAN

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION None 17. Age at the time of this birth: 23 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 XX 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 6:28pm o'clock am/pm on the date stated above.

Signature: [Signature] Address: Makati Medical Center Name in Print: DR. MA. CAROLINA ROPA Title or Position: Res. Physician Date: February 22, 2003

20. INFORMANT Signature: [Signature] Address: 3071 Tolentino St., Pinagkaisahan, Makati City Name in Print: ROMINA B. KATE Relationship to the child: Mother Date: February 22, 2003

21. PREPARED BY Signature: [Signature] Name in Print: MICHELLE L. OLIVEROS Title or Position: Admitting Staff Date: February 22, 2003 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: DELTA B. CASO Title or Position: REGISTRATION OFFICER Date: February 22, 2003

Vertical grid for recording data, including fields for sex, date, birth order, weight, and other metrics.

06520-E5-4001LK-00346-B1002

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T400065204000034611072017002

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Documentary Stamp Tax Paid

Lisa Grace S. Bersales LISA GRACE S. BERSALES, 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

I, JEFFREY G. [unclear] and n/a applicant.
parent/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]
(Signature of Father)

[Signature]
(Signature of Mother)

Community Tax No. 20023121
Date Issued 2/27/2003
Place Issued Manila

Community Tax No. n/a
Date Issued n/a
Place Issued n/a

SUBSCRIBED AND SWORN to before me this 28 FEB 2003 day of _____, Philippines.

IMELDA JIRO CRUZ NERY
(Signature of Notary Public Officer)
UNIVERSITY OF THE PHILIPPINES
P.O. BOX 751478
MANILA, PHILIPPINES

DOC. NO. 553 (Title/Designation)
PAGE NO. 77
BOOK NO. 114 (Address)
SERIES OF 158

Not applicable for births before 27 February 1991

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:

- That I am the applicant for the delayed registration of my birth/of the birth of _____
- That I/he/she was born on _____ at _____
- That I/he/she was attended at birth by _____ who resides at _____
- That I/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but was acknowledge by my/his/her father whose name is _____
- That the reason for the delay in registering my/his/her birth was due to _____
- That a copy of my/his/her birth certificate is needed for the purpose of _____
- (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 _____, Philippines.

(Signature of Administering Officer)

(Name in Print)

(Title/Designation)

(Address)

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Documentary

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