



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

ERTIFIED TRUE COPY

RUPERT S. BAJO
REGISTRATION OFFICER

Province CEBU
City/Municipality CEBU CITY

Reg. No. **2000 15481**

1. NAME (First) (Middle) (Last)
KEVIN DACLAN

2. SEX XX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
23 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
RIVA RIDGE SUBD. TISA CEBU CITY CEBU

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 (live births and fetal deaths including this delivery) SECOND
(first, second, third, etc.)
d. WEIGHT AT BIRTH 2012 grams

5. MAIDEN NAME (First) (Middle) (Last)
IMELDA MANTUBIG DACLAN

7. CITIZENSHIP FIL. 8. RELIGION R.C.

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BACK SAN PEDRO TISA CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
ARNEL NUÑEZ CONTADO

14. CITIZENSHIP FIL. 15. RELIGION R.C.

16. OCCUPATION LABORER 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
1 Physician 2 Nurse XX 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 7:10 o'clock am/pm on the date stated above.

Signature [Signature] Address RIVA RIDGE SUBD. TISA
Name in Print MRS. LUISA CABARRUBIAS CEBU CITY
Title or Position R.M. Date MAY 23, 2000

20. INFORMANT
Signature [Signature] Address BACK SAN PEDRO TISA
Name in Print ARNEL CONTADO CEBU CITY
Relationship to the child FATHER Date MAY 23, 2000

21. PREPARED BY
Signature [Signature]
Name in Print MS. CECILIA T. ROLLON
Title or Position R.M.
Date MAY 23, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print [Name]
Title or Position [Title]
Date JUN 21 2000

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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07850-88-400ASB-00940-BI002

BEST POSSIBLE IMAGE



T400078504000094006292021002

X0300590600

BReN
02217-B00JP1U-3

Documentary
Stamp Tax Paid

[Signature]

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

ENTITLED TRUE COPY
RUPERT S. BAOY
REGISTRATION OFFICER

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, ARNEL CONTADO and N.A.
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] (Signature of Father) [Signature] (Signature of Mother)

Community Tax No. 1510000008 Date Issued N.A.
Date Issued 12-18-2000 Place Issued N.A.
Place Issued CEBU CITY

SUBSCRIBED AND SWORN to before me this 10 day of Jan, Philippines.

at ROLANDO C. GRAPA (Title/Designation)
Notary Public
Jan. 3, 2000, Cebu City (Address)
Pin No 925843

Not applicable for births before 27 February 1931 53

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, ARNEL CONTADO, 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 child's 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 _____

(For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

[Signature] (Signature of Affiant)
Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this 10 day of Jan, Philippines.

at _____ (Title/Designation)
[Signature] (Signature of Administering Officer)

(Name in Print) _____ (Address)

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BReN
02217-B00JP1U-3

Documentary
Stamp Tax Paid

[Signature]

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

