



Municipal Form No. 102
Revised August 2018

(To be completed in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province BOHOL		Registry No. 2020 87		
City/Municipality PRES. CARLOS P. GARCIA				
CHILD	1. NAME (First) (Middle) (Last) ERICA MEIL BOYONAS LANTAKA			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 09 DECEMBER 2003		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BASIAO PRES. CARLOS P. GARCIA BOHOL			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 2000 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MAILA BALANAY BOYONAS			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead	11. OCCUPATION HOUSEWIFE
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BASIAO PRES. CARLOS P. GARCIA BOHOL PHILIPPINES		12. AGE at the time of this birth (completed years) 22	
FATHER	14. NAME (First) (Middle) (Last) RANDY LANTAKA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION ELECTRICAL ENGINEERING TECHNICIAN		18. AGE at the time of this birth (completed years) 30	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BASIAO PRES. CARLOS P. GARCIA BOHOL PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) MARCH 1, 2003		20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY CEBU PHILIPPINES		
21a. ATTENDANT <input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input checked="" 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 02:00 AM am/pm on the date of birth specified above.				
Signature _____		Address NOT APPLICABLE		
Name in Print DECEASED AT THE TIME OF REGISTRATION				
Title or Position HILOT		Date _____		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>Maila</i> Name in Print MAILA BOYONAS LANTAKA Relationship to the Child MOTHER Address BASIAO, PRES. CARLOS P. GARCIA, BOHOL Date MARCH 13, 2020		23. PREPARED BY Signature <i>Magnolia</i> Name in Print MAGNOLIA R. LEGASPI Title or Position ADMIN AIDE I/LCR CLERK Date MARCH 13, 2020		
24. RECEIVED BY Signature <i>Magnolia</i> Name in Print MAGNOLIA R. LEGASPI Title or Position ADMIN AIDE I/LCR CLERK Date MARCH 13, 2020		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Fritzie</i> Name in Print FRITZIE F. JUSTOL Title or Position ACTING MUNICIPAL CIVIL REGISTRAR Date MARCH 24, 2020		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) DELAYED REGISTRATION				

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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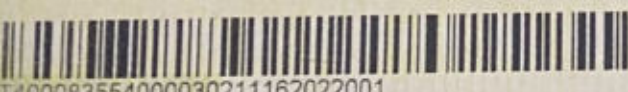
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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