



Municipal Form No. 102
Revised January 2007

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH



Province SAMAR		Registry No. 2015-861		
City/Municipality CALBAYOG CITY				
CHILD	1. NAME (First) SETH FRANCIS (Middle) GAMALI (Last) LIMBO			
	2. SEX (Male / Female) Male	3. DATE OF BIRTH (Day) 05 (Month) February (Year) 2015		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. / Barangay) OB-CARE LYING-IN CLINIC (City/Municipality) Calbayog City (Province) Samar			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single	5b. # MULTIPLE BIRTH CHILD WARS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of birth in previous live births including still births (First, Second, Third, etc.)) First	6. WEIGHT AT BIRTH 3400 grams
MOTHER	7. MAIDEN NAME (First) AILEEN (Middle) GONZAGA (Last) GAMALI			
	8. CITIZENSHIP Filipino		9. RELIGION/RELIGIOUS SECT Roman Catholic	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION Cashier
	12. AGE at the time of this birth (Completed years) 21		13. RESIDENCE (House No., St., Barangay) Brgy. Matobate (City/Municipality) Calbayog City (Province) Samar (Country) Phil.	
FATHER	14. NAME (First) VALENTINE (Middle) BALIBAT (Last) LIMBO			
	15. CITIZENSHIP Filipino		16. RELIGION/RELIGIOUS SECT Roman Catholic	
	17. OCCUPATION None		18. AGE at the time of this birth (Completed years) 23	
	19. RESIDENCE (House No., St., Barangay) Brgy. Matobate (City/Municipality) Calbayog City (Province) Samar (Country) Phil.			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) **Not married** 20b. PLACE (City / Municipality) (Province) (Country) **N/A**

21a. ATTENDANT

1. Physician 2. Nurse 3. Midwife 4. Heilod (Traditional Birth Attendant) 5. Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Heilod, etc.)

I hereby certify that I attended the birth of the child who was born alive at **7:20am** am/pm on the date of birth specified above.

Signature _____ Address **OB-CARE LYING-IN CLINIC**

Name in Print **JENNY VI F. SANTIAGO, M.D.** **Calbayog City**

Title or Position **OB-Gyne** Date **Feb. 5, 2015**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____

Name in Print **AILEEN G. GAMALI**

Relationship to the Child **Mother**

Address **Brgy. Matobate, Calb. City**

Date **Feb. 5, 2015**

23. PREPARED BY

Signature _____

Name in Print **JOSEPH ELLIAND T. PACOMA**

Title or Position **Secretary**

Date **Feb. 5, 2015**

24. RECEIVED BY

Signature _____

Name in Print **REYNALDO T. CALESA**

Title or Position **Manpower Dev't Officer II**

Date **FEB 20 2015**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____

Name in Print **LEONOR T. AQUINO**

Title or Position **Asst. City Civil Registrar**

Date **FEB 20 2015**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

8 9 11 13 15 16 17 19

01 6y 421 608 06003 01 08 094 608 06003

08356-65-425RND-00046-BI003

POSSIBLE IMAGE



0835665000461172022003

BReN
06003-B15C505-6
Documentary
Stamp Tax Paid

CSM

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

