



Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate) (Copy for DCRG)

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

Province: Cebu
City/Municipality: Marikina City Registry No. 2001-1910

1. NAME (First, Middle, Last)
ARIELA PAULINE ARA

2. SEX: 1 Male 2 Female

3. DATE OF BIRTH (Day, month, year)
9 May 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
MARIKINA CITY HOSPITAL

5a. TYPE OF BIRTH: X 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.)
2ND

d. WEIGHT AT BIRTH: 2,900 grams

6. MAIDEN NAME (First, Middle, Last)
LILIANA ROSALE PAULINE

7. CITIZENSHIP: Filipino 8. RELIGION: Baptist

9a. Total number of children born alive: 2 b. No. of children still being inducted into birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION: Teacher 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Tribunal Centro, Marikina City Cebu

13. NAME (First, Middle, Last)
JEROME BALOGAN ARA

14. CITIZENSHIP: Filipino 15. RELIGION: Baptist

16. OCCUPATION: Bellman 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
December 22, 1998, Marikina City Baptist Church

19a. ATTENDANT: X 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Medicine) 5 Others (Specify):

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:25 o'clock AM on the date of 9 May 2001.

Signature: [Signature] Address: Marikina City Hospital
Name in Print: ANILDA N. SUICO Date: May 9, 2001
Title or Position: OB-GYN

20. INFORMANT
Signature: [Signature] Address: Tribunal Centro Marikina City
Name in Print: MARCO ARA Date: May 9, 2001
Relationship to the child: Father

21. PREPARED BY
Signature: [Signature] Name in Print: ELIZABETHA ORTIZ Title or Position: Medical Record Clerk Date: May 15, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature] Name in Print: MAVIANA M. TRINIDAD Title or Position: Registrar Date: MAY 16 2001

REMARKS/ANNOTATION

For DCRG USE ONLY: Population Reference No. 000275

06949-16-400HDT-00349-BI001
BEST POSSIBLE IMAGE
T40006949400034901102019001
XN000172442

BRnN
02230-B01K904-9
Documentary
Stamp Tax Paid

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

- 4. Marriage Certificate (if married) - N/A
- 5. NSO/PSA Birth Certificate of children (if applicable) - N/A