

TIS

Official Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNO.

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

CERTIFIED TRUE / XEROX CL.  
THE ORIGINAL  
PASAY CITY METRO MANILA

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 18a.)

Province METRO MANILA Registry No. 94-2545  
City/Municipality PASAY CITY

*Angel D. Geday*  
ANGEL D. GEDAY  
CITY CIVIL REGISTRAR

1. NAME (First) (Middle) (Last)  
JOHN TOBIAS GETARVELAS

For OCRG USE ONLY:  
Population Reference No.

2. SEX X 1 Male      2 Female  
3. DATE OF BIRTH (day) (month) (year)  
12 APRIL 1994

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
DONA MARTA MATERNITY HOSPITAL, PASAY CITY, METRO MANILA

41  
9402545

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

48  
1

c. BIRTH ORDER (live births and fetal deaths including this delivery)  
Fifth (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
3,400 grams

49 50  
1 120494

6. MAIDEN NAME (First) (Middle) (Last)  
FLODELIZA FLORES TOBIAS

56  
76059

7. CITIZENSHIP Filipino 8. RELIGION R. Catholic

9a. Total number of children born alive: 5  
b. No. of children still living including this birth: 5  
c. No. of children born alive but are now dead: 0

61  
1

10. OCCUPATION Fish Vendor 11. Age at the time of this birth: 30 years

62 64  
05 3400

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
101 Andrew Ave., PAL Gate III, Pasay City, M. M.

13. NAME (First) (Middle) (Last)  
GODOFREDO YEBERO GETARVELAS

68 69  
1 1

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION Laborer 17. Age at the time of this birth: 30 years

70 72 74  
05 05 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 24, 1981 - CALAMBA, VERAMA, LETE

78 79  
452 30

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

81  
76059

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 3:31 PM o'clock  
am/pm on the date stated above.

Signature (SGD.) CRISTINA CALNZA Address Doña Marta Maternity Hospital, Pasay City, MN  
Name in Print CRISTINA CALNZA Date April 12, 1994  
Title or Position Midwife-III

86 87  
1 1

20. INFORMANT  
Signature (SGD.) FLODELIZA GETARVELAS Address 101 Andrew Ave., PAL Gate III, Pasay City, MN  
Name in Print FLODELIZA GETARVELAS Date April 12, 1994  
Relationship to the child Mother

88 91  
999 30

21. PREPARED BY  
Signature (SGD.) EMMA T. TORRENTE  
Name in Print EMMA T. TORRENTE  
Title or Position Clerk II  
Date April 13, 1994  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature (SGD.) O. SALANDANAN  
Name in Print O. SALANDANAN  
Title or Position Civil Registry Clerk  
Date 21 APR, 1994

93  
1 0170

94  
1 02481  
37291  
04294