



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
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 10a.)						
Province <u>ZAMBOANGA SIBUGAY</u>		Registry No. <u>2006-592</u>		[REDACTED]		
City/Municipality <u>SIAY</u>						
1. NAME (First) <u>CRISPIN JR.</u> (Middle) <u>SANGHILAN</u> (Last) <u>LOZADA</u>						
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>04</u> <u>December</u> 1999				
C H I L D	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province), House No., Street, Barangay) <u>Manching</u> <u>Siay</u> <u>Zamboanga del Sur</u>					
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams			
M O T E R	6. MAIDEN NAME (First) <u>Estrella</u> (Middle) <u>Gay</u> (Last) <u>Sanghilan</u>		7. CITIZENSHIP <u>Filipino</u>			
	8. RELIGION <u>Roman Catholic</u>		9a. Total number of children born alive: <u>02</u>			
	b. No. of children still living including this birth: <u>02</u>		c. No. of children born alive but are now dead: <u>00</u>			
F A T H E R	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>33</u> years			
	12. RESIDENCE (House No., Street, Barangay) <u>Manching</u> (City/Municipality) <u>Siay</u> (Province) <u>Zamboanga del Sur</u>					
	13. NAME (First) <u>Crispin</u> (Middle) <u>Finestan</u> (Last) <u>Lozada</u>		14. CITIZENSHIP <u>Filipino</u>			
15. RELIGION <u>Roman Catholic</u>		16. OCCUPATION <u>Fisherman, Coastal Water</u>			17. Age at the time of this birth: <u>37</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 04, 1985 - Pob. Bayog, Zamboanga del Sur</u>						
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:30</u> o'clock <u>am/pm</u> on the date stated above. Signature <u>Estrella Lozada</u> Address <u>Manching, Siay, Zamboanga</u> Name in Print <u>ESTRELLA S. LOZADA</u> Address <u>Sibugay</u> Title or Position <u>Rural Health Midwife</u> Date <u>25 May 2006</u>						
20. INFORMANT Signature <u>Estrella Lozada</u> Address <u>Manching, Siay, Zamboanga</u> Name in Print <u>ESTRELLA S. LOZADA</u> Address <u>Sibugay</u> Relationship to the child <u>Mother</u> Date <u>25 May 2006</u>						
21. PREPARED BY Signature <u>Florencia T. DeGracia</u> Name in Print <u>FLORENCIA T. DEGRACIA</u> Title or Position <u>ASST. MGR.</u> Date <u>25 May 2006</u>						
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Benson S. Barrientos</u> Name in Print <u>BENSON S. BARRIENTOS</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>Jun 18 2006</u>						

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



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and _____ 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 of Father) _____ (Signature of Mother) _____
Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines.

(Signature of Administering Officer) _____ (Title/Designation) _____
(Name in Print) _____ (Address) _____

Not applicable for births before 27 February 1931

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, _____ Estrada S. Lozada of legal age, single/married and with residence and postal address at _____ Monching, Siat, Zamboanga Sibugay 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 birth/of the birth of _____ CRISFIN JR. S. LOZADA
2. That I/he/she was born on _____ 04 December 1999 at _____ Monching, Siat, Zambo. del Sur
3. That I/he/she was attended at birth by _____ Corason F. Tenerrife who resides at _____ Monching, Siat, Zamboanga Sibugay
4. That I/he/she is a citizen of _____ the Philippines
5. That my/his/her parents were [X] married on _____ April 4, 1985 at _____ Pob., Bayog, Zambo. Sur [] 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 _____ Inadvertent forgetfulness.
7. That a copy of my/his/her birth certificate is needed for the purpose of _____ Future reference
8. [] (For the applicant only) That I am married to _____ [X] (For the father/mother/guardian) That I am the _____ Mother of the said person.

_____ Estrada Lozada (Signature of Affiant)
Community Tax No. _____ 14380696
Date Issued _____ 01/07/2006
Place Issued _____ Batu, Siat, Zambo. Sibugay

SUBSCRIBED AND SWORN to before me this _____ 25th day of _____ May 2006 at _____ Siat, Zamboanga Sibugay, Philippines.

(Signature of Administering Officer) _____ Municipal Civil Registrar
SAMSON S. BARRIENTOS, N.S. (Name in Print) _____ Siat, Zamboanga Sibugay (Title/Designation) _____ (Address) _____

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