



(Copy for OCR)

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 19a.)				
Province <u>METRO MANILA</u>		Registry No. <u>2012-53454</u>		FOR OCR USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR: 41 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 48 <input type="text"/> 49 50 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 61 <input type="text"/> 62 64 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 68 69 <input type="text"/> <input type="text"/> 70 72 74 <input type="text"/> <input type="text"/> <input type="text"/> 76 78 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 81 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 86 87 <input type="text"/> <input type="text"/> 88 91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 93 <input type="text"/> 94 <input type="text"/>
City/Municipality <u>QUEZON CITY</u>		1. NAME (First) (Middle) (Last) <u>KATELYN</u> <u>REX</u> <u>NONATO</u> <u>ROMERO</u>		
2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female <input type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>05</u> <u>SEPTEMBER</u> <u>2012</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>QUIRINO MEMORIAL MEDICAL CENTER, QUEZON CITY</u>		5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>		
5b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify <input type="text"/>		6. MAIDEN NAME (First) (Middle) (Last) <u>MARILYN</u> <u>PERSIGAS</u> <u>NONATO</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
9a. Total number of children born alive: <u>2</u>		9b. No. of children still living including this birth: <u>2</u>		
9c. No. of children born alive but are now dead: <u>0</u>		10. OCCUPATION <u>CUSTOMER SERVICE REP.</u>		
11. Age at the time of this birth: <u>24</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>540 B. NS AMORANTO AVE. BRGY ST. PETER, QUEZON CITY</u>		
13. NAME (First) (Middle) (Last) <u>REYNANTE</u> <u>MERIBELÉS</u> <u>ROMERO</u>		14. CITIZENSHIP <u>FILIPINO</u>		
15. RELIGION <u>R.C.</u>		16. OCCUPATION <u>TECH SUPPORT REP.</u>		
17. Age at the time of this birth: <u>34</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>		
19a. ATTENDANT 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) <input type="text"/>		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:12 PM</u> o'clock am/pm on the date stated above.		
Signature <u>Maria Rica Baltazar</u> Name in Print <u>MARIA RICA BALTAZAR, M.D.</u> Title or Position <u>ATTENDING OBSTETRICIAN</u>		Address <u>QUIRINO MEMORIAL MEDICAL CENTER, QUEZON CITY</u> Date <u>05 SEPT. 2012</u>		
20. INFORMANT Signature <u>Marilyn Nonato</u> Name in Print <u>MARILYN NONATO</u> Relationship to the child <u>MOTHER</u>		Address <u>BRGY ST. PETER QUEZON CITY</u> Date <u>05 SEPT. 2012</u>		
21. PREPARED BY Signature <u>G.L. Cubito</u> Name in Print <u>N.A. II</u> Title or Position <u>05 SEPT. 2012</u> Date <u>05 SEPT. 2012</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Ofenia T. Madarang</u> Name in Print <u>OFENIA T. MADARANG</u> Title or Position <u>Registration Officer</u> Date <u>SEP 27 2012</u>		

04853-2D-999SCL-00145-BI001

BEST POSSIBLE IMAGE



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07404-B12T51J-8

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office





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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, Reynante Meribebes Romero and Marilyn Percidas Nonato 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]
(Signature of Father)

(Signature of Mother)

Community Tax No. 03270711
Date Issued 09/06/12
Place Issued Quezon City

Community Tax No. _____
Date Issued _____
Place Issued _____

SEP 27 2012

SUBSCRIBED AND SWORN to before me this _____ day of _____

at _____, Philippines.
Doc. No. _____
Page No. _____
Book No. _____
Series of _____
(Signature of Administering Officer)

(Name in Print)

RONDINO G. DE LEON
NOTARY PUBLIC
UNTIL DECEMBER 31, 2012
PTR No. 512 (Title/Designation) O.C.
IBP No. 8233 (ID No.) 2-2-2011 O.C.
BOL# 272157
MCLENO. (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, _____, of legal age, single/married and with residence and postal address at _____ 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 _____
- 2. That I/he/she was born on _____ at _____
- 3. That I/he/she was attended at birth by _____ who resides at _____
- 4. That I/he/she is a citizen of _____
- 5. That my/his/her parents were married on _____ at _____
 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 _____
- 7. That a copy of my/his/her birth certificate is needed for the purpose of _____
- 8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____

at _____, Philippines.

(Signature of Administering Officer)

(Name in Print)

(Title/Designation)

(Address)

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Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office