

IGLESIA FILIPINA INDEPENDIENTE



Municipal Form No. 102 (Revised August 2016) (To be accomplished in quadruplicate using black ink)

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

Province LEYTE		Registry No. 2021-314		
City/Municipality ISABEL				
CHILD	1. NAME (First) ZEAN RIO (Middle) ANDALES (Last) MANIPES			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 11 (Month) JUNE (Year) 2021		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) ST. JOHN BLUESTAR MATERNITY CLINIC ISABEL LEYTE			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N.A.	5c. BIRTH ORDER (Order of the birth in previous live births including stillbirths (First, Second, Third, etc.)) FIRST	5d. WEIGHT AT BIRTH 3,798^{gms}
MOTHER	7. MOTHER'S NAME (First) JOJIE (Middle) MALOMOG (Last) ANDALES			
	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 SALES REPRESENTATIVE
	13. RESIDENCE (House No., St., Barangay) TABUNOK PALOMPON LEYTE (City/Municipality) PHILIPPINES (Province) (Country)		12. AGE at the time of the birth (completed years) 29 yrs.	
FATHER	14. NAME (First) HELMAR (Middle) POGOY (Last) MANIPES			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION STUDENT		18. AGE at the time of the birth (completed years) 21 yrs.	
	19. RESIDENCE (House No., St., Barangay) TABUNOK ISABEL LEYTE (City/Municipality) PHILIPPINES (Province) (Country)			
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) NOT MARRIED		
21a. ATTENDANT <input type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input checked="" type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Other (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH: I hereby certify that I attended the birth of the child above named on the date of birth specified above.				
Signature _____ Name in Print JOJIE NILDAR Title or Position MIDWIFE		Signature _____ Name in Print ISABEL, LEYTE Date June 11, 2021		
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 HELMAR POGOY MANIPES Relationship to the Child FATHER Address TABUNOK, ISABEL, LEYTE Date June 11, 2021		Signature _____ Name in Print SWINIE C. YAMAS Title or Position ADMINISTRATIVE-AIDE - I Date June 11, 2021		
24. RECEIVED BY: Signature _____ Name in Print SWINIE C. YAMAS Title or Position ADMINISTRATIVE AIDE I Date June 11, 2021		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature _____ Name in Print NOEL GUBALANE Title or Position MUNICIPAL CIVIL REGISTRAR Date June 14, 2021		
REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				