



(To be accomplished in quadruplicate)

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.)

Municipal Form No. 102
(Revised January 1993)

Province M. M. Registry No. 2002-19002
City/Municipality Q. C.

CHILD	1. NAME (First) (Middle) (Last) <u>PAMELA JOYCE AYO JULIANE</u>			For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>0219002</u> 48 <u>1</u> 49 <u>2</u> 50 <u>040307</u> 56 <u>74047</u> 61 <u>1</u> 62 <u>04</u> 64 <u>3317</u> 68 <u>1</u> 69 <u>1</u> 70 <u>04</u> 72 <u>04</u> 74 <u>00</u> 75 <u>220</u> 79 <u>23</u> 81 <u>74047</u> 86 <u>1</u> 87 <u>1</u> 88 <u>872</u> 91 <u>29</u> 93 <u>3</u> 94 <u>3</u>
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>6 MARCH 2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>VIRGO ST. T. S. CRUZ NOVA. Q. C.</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single 2 Twin 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify	
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FOURTH</u>		d. WEIGHT AT BIRTH <u>3317</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>CRISLY A. AYO</u>			
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>R. CATHOLIC</u>	
	9a. Total number of children born alive: <u>4</u>	b. No. of children still living including this birth: <u>4</u>	c. No. of children born alive but are now dead: <u>0</u>	
FATHER	10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>23</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>VIRGO ST. T. S. CRUZ NOVA. Q. C.</u>			
	13. NAME (First) (Middle) (Last) <u>EDGAR S. JULIANE</u>		15. RELIGION <u>R. CATHOLIC</u>	
14. CITIZENSHIP <u>FILIPINO</u>		17. Age at the time of this birth: <u>29</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>AUGUST 19, 1998 CALOOCAN MINI CITY HALL</u>				
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>X</u> 3 Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:40</u> o'clock <u>am/pm</u> on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>MA. ZITA V. PADILLA</u> Title or Position <u>RM.</u>		Address <u>GERONIMO COMPD. SAN DIEGO DRIVE NPVA. Q. C.</u> Date <u>3-28-02</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>EDGAR S. JULIANE</u> Relationship to the child <u>FATHER</u>		Address <u>VIRGO ST. T. S. CRUZ NOVA. Q. C.</u> Date <u>3-28-02</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MA. ZITA V. PADILLA</u> Title or Position <u>RM.</u> Date <u>3-28-02</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>DELLIA T. MADARANG</u> Title or Position <u>REGISTRATION OFFICER III</u> Date <u>3-28-02</u>		

08999-2E-400RBP-00159-BI001
BEST POSSIBLE IMAGE

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

