



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Completed in quadruplicate using black ink)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|----|----|----|----|----|----|----|--|--|--|--|--|--|--|--|
| Province <u>NEGROS-OCCIDENTAL</u> | | Registry No. 2014-07311 | | | | | | | | | | | | | | | | | |
| City/Municipality <u>BACOLOD-CITY</u> | | | | | | | | | | | | | | | | | | | |
| CHILD | 1. NAME (First) <u>ERICKA ERANS</u> (Middle) <u>IMBAO</u> (Last) <u>TORRES</u> | | | | | | | | | | | | | | | | | | |
| | 2. SEX (Male / Female) <u>FEMALE</u> | 3. DATE OF BIRTH (Day) <u>06</u> (Month) <u>JUNE</u> (Year) <u>2008</u> | | | | | | | | | | | | | | | | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <u>PRK. LANGIS, BRGY. BANAGO, BACOLOD-CITY, NEGROS-OCCIDENTAL</u> | | | | | | | | | | | | | | | | | | |
| | 5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) <u>SINGLE</u> | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>N/A</u> | 5c. BIRTH ORDER (Order of the birth to parents live birth including still-births) (First, Second, Third, etc.) <u>FIRST</u> | 5d. WEIGHT AT BIRTH <u>3620</u> grams | | | | | | | | | | | | | | | |
| MOTHER | 7. MAIDEN NAME (First) <u>MARLOU</u> (Middle) <u>MAGALANES</u> (Last) <u>IMBAO</u> | | | | | | | | | | | | | | | | | | |
| | 8. CITIZENSHIP <u>FILIPINO</u> | | 9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u> | | | | | | | | | | | | | | | | |
| | 10a. Total number of children born alive <u>1</u> | 10b. No. of children still living including this birth <u>1</u> | 10c. No. of children born after but are now dead <u>0</u> | 11. OCCUPATION <u>HOUSEWIFE</u> | | | | | | | | | | | | | | | |
| | 12. AGE at the time of the birth (completed years) <u>20</u> | | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>PRK. LANGIS, BRGY. BANAGO, BACOLOD CITY, NEGROS OCC, PHILIPPINES</u> | | | | | | | | | | | | | | | | |
| FATHER | 14. NAME (First) <u>FREDERIC RONALD</u> (Middle) <u>OSERIO</u> (Last) <u>TORRES</u> | | | | | | | | | | | | | | | | | | |
| | 15. CITIZENSHIP <u>FILIPINO</u> | | 16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u> | | | | | | | | | | | | | | | | |
| | 17. OCCUPATION <u>TIRES SALES BOY</u> | | 18. AGE at the time of the birth (completed years) <u>24</u> | | | | | | | | | | | | | | | | |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>PRK. LANGIS, BRGY. BANAGO, BACOLOD CITY, NEGROS OCC, PHILIPPINES</u> | | | | | | | | | | | | | | | | | | |
| MARRIAGE OF PARENTS (If not married, accurate Affidavit of Acknowledgment/Admission of Paternity at the back.) | | | | | | | | | | | | | | | | | | | |
| 20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u> | | 20b. PLACE (City / Municipality) (Province) (Country) <u>NOT APPLICABLE</u> | | | | | | | | | | | | | | | | | |
| 21a. ATTENDANT <u>1 Physician</u> <u>2 Nurse</u> <u>3 Midwife</u> <input checked="" type="checkbox"/> <u>4 Heil (Traditional Birth Attendant)</u> <u>5 Others (Specify)</u> | | | | | | | | | | | | | | | | | | | |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Heil, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>3:00 AM</u> on the date of birth specified above. | | | | | | | | | | | | | | | | | | | |
| Signature <u>[Signature]</u> Name in Print <u>LOCY REBOLES</u> Title or Position <u>TRAD. MIDWIFE</u> | | Address <u>BRGY. BANAGO, BACOLOD CITY</u> Date _____ | | | | | | | | | | | | | | | | | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. | | 23. PREPARED BY | | | | | | | | | | | | | | | | | |
| Signature <u>[Signature]</u> Name in Print <u>MARLOU TORRES</u> Relationship to the Child <u>MOTHER</u> Address <u>BRGY. BANAGO, BACOLOD CITY</u> Date <u>MAY 15, 2014</u> | | Signature _____ Name in Print <u>LOURDES A. CORDOVA</u> Title or Position <u>ASST. REG. OFFICER</u> Date <u>MAY 15, 2014</u> | | | | | | | | | | | | | | | | | |
| 24. RECEIVED BY | | 25. REGISTERED BY THE CIVIL REGISTRAR | | | | | | | | | | | | | | | | | |
| Signature _____ Name in Print <u>LOURDES A. CORDOVA</u> Title or Position <u>ASST. REG. OFFICER</u> Date <u>MAY 15, 2014</u> | | Signature <u>[Signature]</u> Name in Print <u>ARMINDA H. NAVALTA</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>JUN 16 2014</u> | | | | | | | | | | | | | | | | | |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <u>DELAYED REGISTRATION</u> <u>APPROVED IN ACCORDANCE WITH CIRCLAR NO. 12-01</u> <u>ON JUN 16 2014</u> | | | | | | | | | | | | | | | | | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> <td style="width: 20px;">11</td> <td style="width: 20px;">12</td> <td style="width: 20px;">15</td> <td style="width: 20px;">16</td> <td style="width: 20px;">17</td> <td style="width: 20px;">19</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | | | | 8 | 9 | 11 | 12 | 15 | 16 | 17 | 19 | | | | | | | | |
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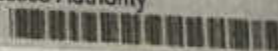
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Documentary
Stamp Tax Paid

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



T420075874200000110092020001
NO 100189822

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AUTHORITY

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988) (For births on or after 3 August 1988)

We, FREDERIC RONALD O. TORRES and MARILOU M. UMBAO
of legal age, and the natural mother and/or father of ERICKA FRANS U. TORRES, who was
born on JUNE 06, 2003 at BACOLOD CITY NEGROS OCC.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

Frederic Ronald O. Torres
(Signature Over Printed Name of Father)

Marilou M. Umbao
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 15TH day of MAY 2014 by
FREDERIC RONALD O. TORRES MARILOU M. UMBAO, who exhibited to me (his/her)

Community Tax Cert. No. _____ issued on _____ at _____
BACOLOD CITY

TIN ID: 438-919-490

Corazon G. Mori
Signature of the Administering Officer
CORAZON G. MORI
Name in Print

BACOLOD CITY
Position / Title / Designation
BACOLOD CITY
Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian of the person himself if 18 years old or over.)

MARILOU TORRES
of legal age, single/married/divorced/widow/widower, with
residence and postal address at BRGY. BANAGO, BACOLOD CITY

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
 my birth in ERICKA FRANS U. TORRES on BACOLOD CITY
 the NEGROS OCC. JUNE 06, 2003
on _____
- That I/he/she was attended at birth by LUCY REGOLES who resides at
BRGY. BANAGO, BACOLOD CITY
THE PHILIPPINES
- That I am/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged by my/his/her father whose name is FREDERIC RONALD O. TORRES
DECLARATION OF PATERNITY TO FOLLOW UP
- That the reason for the delay in registering my/his/her birth was _____
- (For the applicant only) That I am married to MOTHER
(if the applicant is other than the document owner) That I am the _____ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this 15TH day of MAY 2014
BACOLOD CITY, NEG. OCC.
at _____, Philippines.

Marilou M. Torres
(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this 15TH day of MAY 2014 at _____
Philippines, affiant who exhibited to me his Community Tax Cert.
issued on _____ at _____

Corazon G. Mori
Signature of the Administering Officer
CORAZON G. MORI
Name in Print

BACOLOD CITY
Position / Title / Designation
BACOLOD CITY
Address

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Documentary
Stamp Tax Paid

CSM

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

