



Municipal Form No. 102 (Revised January 2007) (Accomplished in quadruplicate using black ink)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province NEGROS OCCIDENTAL Registry No. 2014-07311  
City/Municipality BACOLOD CITY

**CHILD**  
1. NAME (First) (Middle) (Last)  
ERICKA FRANS UMBAO TORRES  
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)  
06 JUNE 2003  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
PRK LANGIS, BRGY BANAGO BACOLOD CITY NEGROS OCCIDENTAL  
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 this birth to previous live births including fetal deaths) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 3620 grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
MARILOU MAGALANES UMBAO  
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 HOUSEWIFE 12. AGE at the time of this birth (completed years) 20  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
PRK LANGIS, BRGY BANAGO BACOLOD CITY NEGROS OCC. PHILIPPINES

**FATHER**  
14. NAME (First) (Middle) (Last)  
FREDERIC RONALD OBERIO TORRES  
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TIRES SALES BOY 18. AGE at the time of this birth (completed years) 24  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
PRK LANGIS, BRGY BANAGO BACOLOD CITY NEGROS OCC. PHILIPPINES

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 APPLICABLE

21a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife  4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)  
I hereby certify that I attended the birth of this child who was born alive at 3:00 AM on the date of birth specified above.

Signature [Signature] Address BRGY BANAGO BACOLOD CITY  
Name in Print LUCY REGALES  
Title or Position TRAD. MIDWIFE Date

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature [Signature]  
Name in Print MARILOU TORRES  
Relationship to the Child MOTHER  
Address BRGY. BANAGO, BACOLOD CITY  
Date MAY 15, 2014

23. PREPARED BY  
Signature [Signature]  
Name in Print LOURDES A. CORDOVA  
Title or Position ASST. REG. OFFICER  
Date MAY 15, 2014

24. RECEIVED BY  
Signature [Signature]  
Name in Print LOURDES A. CORDOVA  
Title or Position ASST. REG. OFFICER  
Date MAY 15, 2014

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ARMINDA H. NAVALESA  
Title or Position REGISTRATION OFFICER IV  
Date JUN 16 2014

REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)  
DELAYED REGISTRATION  
APPROVED IN ACCORDANCE WITH CIRCULAR NO. 32-01  
ON JUN 16 2014

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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