



Modified 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 OSBU Registry No. 2004 28380
City/Municipality OSBU CITY

CHILD	1. NAME (First) <u>ARRIGENT SCARLET</u> (Middle) <u>WIAZ</u> (Last) <u>MIR</u>		
	2. SEX <u>1</u> Male <u>X</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>09 SEPTEMBER 2004</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>OSBU CITY MEDICAL CENTER OSBU CITY OSBU</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> <u> </u> 3 Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1ST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2990</u> grams
	6. MAIDEN NAME (First) <u>MERIAN</u> (Middle) <u>ORANPOS</u> (Last) <u>DIAZ</u>		
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>R.O.</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>22</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BASAK VILLA KALUBIHAN OSBU CITY OSBU</u>			
FATHER	13. NAME (First) <u>ALEXANDRO</u> (Middle) <u>APRROS</u> (Last) <u>MIR</u>		
	14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>R.O.</u>
	16. OCCUPATION <u>NONE</u>		17. Age at the time of this birth: <u>20</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:56 pm o'clock am/pm on the date stated above.

Signature SALLY ARLAN Address N. BADAISO AVENUE OSBU CITY
Name in Print Title or Position M.D. Date SEPTEMBER 09, 2004

20. INFORMANT
Signature MIRIAM DIAZ Address BASAK VILLA KALUBIHAN OSBU CITY
Name in Print Relationship to the child MOTHER Date SEPTEMBER 09, 2004

21. PREPARED BY
Signature RICARDO SERDUA
Name in Print CLERK
Title or Position Date SEPTEMBER 09, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature OSCAR B. MULO
Name in Print Registration Officer IV
Title or Position Date 2004 SEP 22

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

I, ALEXANDRO A. MIER and MERIAM O. DIAZ parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the contents contained herein are true and correct to the best of our/my knowledge and belief.

Alexandro A. Mier
(Signature of Father)

Miriam O. Diaz
(Signature of Mother)

Community Tax No. 03879720
Date Issued JUNE 03, 2004
Place Issued 78BU 7111

Community Tax No. 03879721
Date Issued JUNE 03, 2004
Place Issued 78BU 7111

14 SEP 2 1

SUBSCRIBED AND SWORN to before me this _____ day of _____

at NELSON H. DWARDES
NOTARY PUBLIC
UNTIL DECEMBER 31, 2004
P.D. No. 871818 / 12-18-04
LEON CEBU CAPITAL
(Name in Print)

(Title/Designation)
City
(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)

(Title/Designation)

(Name in Print)

(Address)