

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1983)

(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 10a.

Province <u>Cebu</u>		Registry No. <u>98-186</u>
City/Municipality <u>Talisay</u>		
1. NAME (First) <u>Jeanjie</u> (Middle) <u>Arac</u> (Last) <u>Delos Reyes</u>		For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
2. SEX <input checked="" type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) <u>02</u> (month) <u>December</u> (year) <u>1997</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Laboratorio Talisay Cebu</u>		41 <u>9800186</u>
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		42 <input type="checkbox"/>
b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> 1 First <input checked="" type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others Specify		43 <input type="checkbox"/>
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.)		44 <input type="checkbox"/>
d. WEIGHT AT BIRTH _____ grams		45 <input type="checkbox"/>
6. MAIDEN NAME (First) <u>Janifer</u> (Middle) <u>Arac</u> (Last) <u>Delos Reyes</u>		46 <input type="checkbox"/>
7. CITIZENSHIP <u>Filipino</u> B. RELIGION <u>Roman Catholic</u>		47 <input type="checkbox"/>
9a. Total number of children born alive <u>2</u>		48 <input type="checkbox"/>
b. No. of children still living including this birth: <u>2</u>		49 <input type="checkbox"/>
c. No. of children born alive but are now dead: <u>0</u>		50 <input type="checkbox"/>
10. OCCUPATION <u>Home keeper</u>		51 <input type="checkbox"/>
11. Age at the time of this birth: <u>19</u> years		52 <input type="checkbox"/>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Laboratorio Talisay Cebu</u>		53 <input type="checkbox"/>
13. NAME (First) <u>Rogelio</u> (Middle) <u>Magalator</u> (Last) <u>Talangan</u>		54 <input type="checkbox"/>
14. CITIZENSHIP <u>Filipino</u> 15. RELIGION <u>Roman Catholic</u>		55 <input type="checkbox"/>
16. OCCUPATION <u>Retiree</u>		56 <input type="checkbox"/>
17. Age at the time of this birth: <u>19</u> years		57 <input type="checkbox"/>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the local _____) <u>None</u>		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I, hereby certify that I attended the birth of the child who was born alive at <u>5:20 AM</u> on <u>02 December 1997</u> on the date stated above.		
Signature <u>Juanita Alarcon</u> Address <u>Laboratorio Talisay Cebu</u>		58 <input type="checkbox"/>
Name in Print <u>Juanita Alarcon</u> Date <u>1-15-98</u>		59 <input type="checkbox"/>
Title or Position <u>Healer</u>		60 <input type="checkbox"/>
20. INFORMANT Signature <u>Fernando delos Reyes</u> Address <u>Laboratorio Talisay Cebu</u> Name in Print <u>Fernando delos Reyes</u> Date <u>1-15-98</u> Relationship to the child <u>Mother</u>		
21. PREPARED BY Signature <u>Juanita Alarcon</u> Name in Print <u>Juanita Alarcon</u> Title or Position <u>Healer</u> Date <u>1-15-98</u>		61 <input type="checkbox"/>
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Fernando A. Atienza</u> Name in Print <u>FERNANDO A. ATIENZA</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>1-15-98</u>		62 <input type="checkbox"/>



05488-AC-400HVD-00056-BI001
BEST POSSIBLE IMAGE



BReN
02250-A97ZN06-6
Documentary
Stamp Tax Paid

Lisa Grace S. Bernaldez
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

CERTIFIED TRUE COPY
FROM THE ORIGINAL
Wendelyn O. Ladao
WENDELYN O. LADAO
College Registrar
PRC Lic No. 0523087



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

Wit. Rogelio B. Balangay Jr. and Jennifer delos Reyes parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

Rogelio B. Balangay Jr. (Signature of Father)

Jennifer delos Reyes (Signature of Mother)

Community Tax No. 12856795E Date Issued 01-02-98 Place Issued Pinaric, Cav

Community Tax No. 12870689E Date Issued 01-02-98 Place Issued Talisay, Cav

SUBSCRIBED AND SWORN to before me this JAN 15 1998

at _____, Philippines.

ROLANDO C. GRAPA

Notary Public (Signature/Title/Address/Office)

PTR No. 2600692

Jan. 2, 1998 - Cebu City (Name in Print) (Address)

Doc. No. 474

Page No. 461

Book No. (Title/Designation)

Series of 19, 98 (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)

05488-AC-400HVD-00056-BI001

BEST POSSIBLE IMAGE



T400054884000005601102015001 FJ000476253

BReN 02250-A97ZN06-6

Documentary Stamp Tax Paid

Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General Philippine Statistics Authority

CERTIFIED TRUE COPY FROM THE ORIGINAL

WENDELYN O. LABAJO

College Registrar PRC Lic No. 0583087