



Municipal Form No. 102
(Revised January 1998)

(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.)

REMARKS/ANNOTATION
DELAYED REGISTRATION

Legitimated by subsequent marriage of parents Journey A. Hemeros and Maria Cristie Yanes Hemeros on Nov. 12, 2006 in San Jose Del Monte City, Bulacan

Province _____		Registry No. 2012 15215	
City/Municipality Zamboanga City			
1. NAME (First) (Middle) (Last) Leanne Yanes Hemeros			
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) 29 March 1999	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) House No., Street, Barangay Lower Calarian, Zamboanga City		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) First		d. WEIGHT AT BIRTH 2722 grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) Maria Cristie Daytia Yanes		
	7. CITIZENSHIP Filipino		8. RELIGION Seventh-Day Adventist
	9a. Total number of children born alive 1	9b. No. of children still living including this birth 1	9c. No. of children born alive but are now dead 0
	10. OCCUPATION Housekeeper		11. Age at the time of this birth 24 years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Lower Calarian, Zamboanga City		
FATHER	13. NAME (First) (Middle) (Last) Journey Alba Hemeros		
	14. CITIZENSHIP Filipino		15. RELIGION Seventh-Day Adventist
	16. OCCUPATION Businessman		17. Age at the time of this birth 25 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 <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Midot (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 3:00am o'clock a.m./p.m. on the date stated above.			
Signature Out of town		Address N/A	
Name in Print Mang Teresa			
Title or Position Blot		Date N/A	
20. INFORMANT Signature _____ Address Lower Calarian, Name in Print Maria Cristie Y. Hemeros Zambo. City Relationship to the child Mother Date Aug. 10, 2012			
21. PREPARED BY Signature _____ Name in Print Maria Cristie Y. Hemeros Title or Position Mother Date Aug. 10, 2012		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print KABINA D. MENDOZA Title or Position Assistant City Civil Registrar Date Aug 22 2012	

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

81	13	12	15	21
82	2			
83	2			
84	7	3	2	0
85				
86	0	1	0	7
87	1	0	9	
88				
89	5	1	0	0
90				
91	2	2	0	2
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