



Municipal Form No. 102
(Revised January 1993)

(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

Province Bulacan
City/Municipality Malolos Registry No. 2001-9298

1. NAME (First) (Middle) (Last)
MARK GABRIEL DOCE PEREZ

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
25 October 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) (Province)
BPH Malolos Bulacan

5a. TYPE OF BIRTH 1 Single 2 Twin
 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second
 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery)
4th (first, second, third, etc.) d. WEIGHT AT BIRTH
2600 grams

6. MAIDEN NAME (First) (Middle) (Last)
Maria Fe P. Doce

7. CITIZENSHIP Filipino 8. RELIGION RC

9a. Total number of children born alive: _____ b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

10. OCCUPATION HK 11. Age at the time of this birth: 36 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Tuktukan Guiguinto Bulacan

13. NAME (First) (Middle) (Last)
Andrew Thadeus C. Perez

14. CITIZENSHIP Filipino 15. RELIGION RC

16. OCCUPATION Security Guard 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 17, 2000 Malolos, Bulacan

19a. ATTENDANT 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 7:14 o'clock
am/pm on the date stated above.

Signature DR. KATHERINE V. DOMINGO Address BPH Malolos Bulacan
Name in Print _____ Date 10-25-04
Title or Position MO III OB Gyna

20. INFORMANT
Signature Maria Fe Perez Address Tuktukan, Guiguinto Bulacan
Name in Print _____ Date 10-25-04
Relationship to the child mother

21. PREPARED BY
Signature MA. MARTHA A. CARPIO
Name in Print _____
Title or Position Clere
Date 10-25-04

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name ROSALYN A. JAVIER
Title REGISTRATION OFFICER
Date NOV 08 2004

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 80403278

48

49 50 23204

56 1412

61

62 64 1102

68 69

70 72 74 04 04 02

76 78 220 30

81 14124

86 87

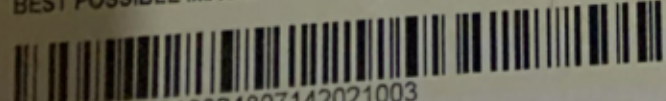
88 91 522 1

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07865-DH-401RCS-00248-BI003

BEST POSSIBLE IMAGE



BReN
01410-B04UP0B-8

Documentary
Stamp Tax Paid

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

