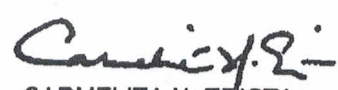


(Copy for OCRG)

Municipal 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 <u>CEBU</u>			Registry No. <u>2011-672</u>			
City/Municipality <u>BANTAYAN</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>GERALYN</u> <u>JARINA</u> <u>LAMBERTE</u>					
	2. SEX <input checked="" type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>30</u> <u>January</u> <u>1969</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>BINAOBABO</u> <u>BANTAYAN</u> <u>CEBU</u>					
	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) <u>Second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH _____ grams			
	6. MAIDEN NAME (First) (Middle) (Last) <u>GENOVEVA</u> <u>DESTREZA</u> <u>JARINA</u>					
MOTHER	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>			
	9a. Total number of children born alive: <u>2</u>		9b. No. of children still living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>29</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BINAOBABO</u> <u>BANTAYAN</u> <u>CEBU</u>					
	13. NAME (First) (Middle) (Last) <u>ESMERALDO</u> <u>PRUDENTE</u> <u>LAMBERTE</u>					
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>			
FATHER	16. OCCUPATION <u>Carpenter</u>		17. Age at the time of this birth: <u>29</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>D/K</u>					
	19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (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 _____ o'clock am/pm on the date stated above. Signature (dec.) _____ Address _____ Name in Print <u>SATURINA MAROLLANO</u> Title or Position <u>HILOT</u> Date _____					
	20. INFORMANT Signature <u>[Signature]</u> _____ <u>Bantayan, Cebu</u> Name in Print <u>MARALYN LAMBERTE</u> Relationship to the child <u>SISTER</u> <u>4/25/11</u>					
	21. PREPARED BY Signature <u>[Signature]</u> _____ Name in Print <u>LILIBETH P. MANSUETO</u> _____ Title or Position <u>ADMN. AIDE I</u> _____ Date <u>4/25/11</u> _____ Name in Print <u>REMEDIOS P. SUYKO</u> _____ Title or Position <u>MUN. CIVIL REGISTRAR</u> _____ Date <u>April 25, 2011</u> _____					




CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office

05147-F3-400JSA-00644-BI001
 BEST POSSIBLE IMAGE

 T40005147400064402032014001
 01000270465

BReN
 02209-A69BW01-4
 Documentary
 Stamp Tax Paid

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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and _____ 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.

(Signature of Father)

(Signature of Mother)

Community Tax No. _____
Date Issued _____
Place Issued _____

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(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, Marilyn Lamberte, of legal age, single/married and with residence and postal address at Bantayan, Cebu, 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 GERALYN LAMBERTE
2. That I/he/she was born on January 30, 1969 at Binaobao, Bantayan, Cebu
3. That I/he/she was attended at birth by Saturnina Marollano who resides at (dec.)
4. That I/he/she is a citizen of the Philippines
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 negligence and fault
7. That a copy of my/his/her birth certificate is needed for the purpose of any legal purposes
8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the SISTER of the said person.

Marilyn Lamberte
(Signature of Affiant)

Community Tax No. 25550839
Date Issued January 24, 2011
Place Issued Bantayan, Cebu

SUBSCRIBED AND SWORN to before me this 25th day of April, 2011 at Bantayan, Cebu, Philippines.

(Signature of Administering Officer)

MUNICIPAL CIVIL REGISTRAR
(Title/Designation)

REMEDIOS P. SUYKO
(Name in Print)

BANTAYAN, CEBU
(Address)

05147-F3-400JSA-00644-BI001

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Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office