



Municipal Form No. 102 (Revised January 2007) (7) (Completed in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province Marikina Manila Registry No. 2015-3425
City/Municipality Marikina City

CHILD
1. NAME (First) (Middle) (Last)
Stefano Luis Isaeta Arriola
2. SEX (Male / Female) Male 3. DATE OF BIRTH (Day) (Month) (Year)
03 July 2002
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
Capital ng Marikina, Alabang, Marikina City
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) single 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) n/a 5c. BIRTH ORDER (Count of this birth to previous livebirth including this one) (First, Second, Third, etc.) First 6. WEIGHT AT BIRTH 3000 grams

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
Ms. Salome Songco Isaeta
8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Roman Catholic
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION Homemaker 12. AGE at the time of this birth (completed years) 33

FATHER
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
4150 Diaz compd., Bliss, Patutan, Marikina City
14. NAME (First) (Middle) (Last)
Sanny Gisera Arriola
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Security Guard 18. AGE at the time of this birth (completed years) 40
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) not married 20b. PLACE (City/Municipality) (Province) (Country) n/a

21a. ATTENDANT
1 Physician _____ 2 Nurse _____ 3 Midwife _____ 4 Healer (Traditional Birth Attendant) _____ 5 Others (Specify) _____
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Healer, etc.)
I hereby certify that I attended the birth of the child who was born alive at _____ on the date of birth specified above.
Signature Unknown whereabouts n/a
Name in Print Dr. Josephine Toste-Fong
Title or Position OB-Gyne Specialist

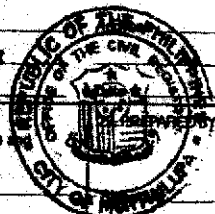
22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true correct to my own knowledge and belief.
Signature _____
Name in Print Ms. Salome Isaeta
Relationship to the Child mother
Address Patutan, Marikina City
Date April 8, 2015
Name in Print Gilie E. Landrito
Title or Position Physic
Date April 8, 2015

23. RECEIVED BY
Signature _____
Name in Print ZITA T. PELAEZ
Title or Position SR. ADMIN. ASST. - C.I.R.
Date APR 19 2015

24. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print WILHELMINA DELA CRUZ
Title or Position CITY CIVIL REGISTRAR
Date APR 27 2015

REMARKS/ANNOTATIONS (For LCR/DOCRG Use Only)
DELAYED REGISTRATION

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
6 8 11 13 15 16 17 19
010802160307603010851540001403



06298-5D-008AHS-00093-BI001



BReN
07603-B02N30E-3
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority