



(To be accomplished in quadruplicate)

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

File out completely, accurately and legibly. Use ink or equivalent. When filling the appropriate spaces in Items 2, 6, 8, 9 and 10A.)

REMARKS/ANNOTATION
DELAYED REGISTRATION

Form No. 102 January 1989

Province Cebu City/Municipality Marikina Registry No. 2020-798

1. NAME (First) (Middle) (Last)
John Esteban Balme

2. SEX 1 Male 2 Female 1 **3. DATE OF BIRTH** (day) (month) (year)
18 January 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Marikina Marikina Cebu

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

6. BIRTH ORDER (Five births and fetal deaths including this delivery) (First, second, third, etc.) 1 **d. WEIGHT AT BIRTH** _____ grams

7. MAIDEN NAME (First) (Middle) (Last)
Luby Holencia Balme

8. CITIZENSHIP Phil. **9. RELIGION** Catholic

10A. Total number of children born alive 03 **B. No. of children still living including this birth** 03 **C. No. of children, born alive but are now dead:** 0

10. OCCUPATION Housewife **11. Age at last census** 46 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Marikina Marikina Cebu

13. NAME (First) (Middle) (Last)
not applicable

14. CITIZENSHIP Phil. **15. RELIGION** Catholic

16. OCCUPATION not applicable **17. Age at the time of the birth** _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, exempted applicant or Acknowledgment/Administration of Paternity at the Back.)
not applicable

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Other (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born to _____ at _____ on the date stated above.

Signature _____ Address Marikina, Cebu
Name in Print STANISLAW PATIGA
Title or Position Mayor

20. INFORMANT
Signature _____ Address Marikina, Cebu
Name in Print LUBY B. BAKIN
Relationship to the child Mother
Date June 28, 2000

21. PREPARED BY
Signature _____
Name in Print PILOTELA J. LOPEZ
Title or Position LRP
Date June 28, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print PILOTELA J. LOPEZ
Title or Position LRP
Date June 28, 2000

FOR OCSO USE ONLY: Population Reference No. _____

TO BE FILLED IN BY THE OFFICE OF THE CIVIL REGISTRAR

01 2000798

02 1

03 180195

04 22103

05 1

06 1

07 03 1361

08 1 1

09 220 1

10 220 3

11 22103

12 1 1

13 220 1

14 1

000098

04484-73-400JTC-01045-BI001

BEST POSSIBLE IMAGE



T400044844000104503222012001

000066481

BRen 02210-A95AJ02-4

Documentary Stamp Tax Paid

Carmelita N. Ercta
CARMELITA N. ERCTA
Administrator and Civil Registrar General
National Statistics Office