



(Copy for OCRG)

National Form No. 102 January 1983		(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, 6b and 10a.)						
Province <u>Cebu</u>			Registry No. <u>99 04670</u>			
City/Municipality <u>Cebu City</u>						
1. NAME (First) (Middle) (Last) <u>MARGARIT ANDREIL BACALEA AMERILLE</u>		2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>22 Feb. 1999</u>		
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Cebu Doctors' Hospital Cebu City Cebu</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		41 <input type="checkbox"/>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>3rd</u>		d. WEIGHT AT BIRTH <u>3,260</u> grams		42 <input type="checkbox"/>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Cherris Ann Bacalla Amerille</u>		7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>	
	9a. Total number of children born alive: <u>03</u>		b. No. of children still living including this birth: <u>03</u>		c. No. of children born alive but are now dead: <u>00</u>	
	10. OCCUPATION <u>Housewife</u>		11. Age at the time of this birth: <u>30</u> years		43 <input type="checkbox"/>	
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>317 A Sikatuna St. Cebu City Cebu</u>		13. NAME (First) (Middle) (Last) <u>Mathew Dominic Sany Zamora</u>		14. CITIZENSHIP <u>Filipino</u>	
	15. RELIGION <u>Catholic</u>		16. OCCUPATION <u>Housekeeper</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>Not Married</u>		19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midw. (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		44 <input type="checkbox"/>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:09 A.M.</u> o'clock am/pm on the date stated above.		Signature <u>[Signature]</u> Address <u>Cebu Doctors' Hospital</u> Name in Print <u>LINDA GONZO, M.D.</u> <u>Osmeña Blvd., Cebu City</u> Title or Position <u>Attending Physician</u> Date <u>Feb. 22, 1999</u>		45 <input type="checkbox"/>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>317 A Sikatuna St.</u> Name in Print <u>CHERRIS ANN AMERILLE</u> <u>Cebu City</u> Relationship to the child <u>Mother</u> Date <u>Feb. 22, 1999</u>		21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Desa D. Mindaquio</u> Title or Position <u>Regional records clerk</u> Date <u>Feb. 22, 1999</u>		46 <input type="checkbox"/>		
		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUFELA N. DEJITO</u> Title or Position <u>REGISTRATION OFFICER III</u> Date <u>MAR 05 1999</u>		47 <input type="checkbox"/>		

For OCRG USE ONLY
 Population Reference No.
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TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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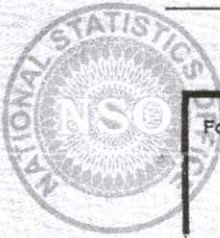
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BEST POSSIBLE IMAGE

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CARMELITA N. FRICTA



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, MATHEW DOMINIC S. ZAMORA 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. 13117692 _____
 Date Issued Feb. 9, 1999 _____
 Place Issued Cebu City _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 1999,
 at _____, Philippines.

 (Signature of Administering Officer) _____

 (Name in Print) _____

 (Title/Designation) _____

 (Address) _____

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 15 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married
 and with residence and postal address at _____,
 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 _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
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 _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

 (Signature of Affiant)
 Community Tax No. _____
 Date Issued _____
 Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 1999,
 at _____, Philippines.

 (Signature of Administering Officer) _____

 (Name in Print) _____

 (Title/Designation) _____

 (Address) _____

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 T400024904000065010262006002

BReN
 02217-A99DN0N-5

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