



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH** **DELAYED REGISTRATION**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province IAGUNA Registry No. 2001-5646  
City/Municipality SAN PEDRO

1. NAME (First) (Middle) (Last) <u>ANGELICA</u> <u>ONQUE</u>		
2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>22</u> <u>AUGUST</u> <u>1995</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>GELIS MATERNITY CLINIC SAN PEDRO IAGUNA</u>		
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>   </u> 2 Twin <u>   </u> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>   </u> 1 First <u>   </u> 2 Second <u>   </u> 3 Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>6.4 lbs.</u> grams

FOR OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last) <u>JANETH</u> <u>HONGULADA</u> <u>ONQUE</u>		
7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>R. CATHOLIC</u>
9a. Total number of children born alive: <u>1</u>	D. No. of children still living including this birth: <u>1</u>	C. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>21</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>B-15 L-10 JUANA 3-A BINAN IAGUNA</u>		

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13. NAME (First) (Middle) (Last) <u>TIBURCIO</u> <u>M.</u> <u>COMBIS</u>		
14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>R. CATHOLIC</u>
16. OCCUPATION <u>DRIVER</u>		17. Age at the time of this birth: <u>23</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>		

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19a. ATTENDANT <u>X</u> 1 Physician <u>   </u> 2 Nurse <u>   </u> 3 Midwife <u>   </u> 4 Healer (Traditional Midwife) <u>   </u> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH. I hereby certify that I attended the birth of the child who was born alive at <u>12:42 P.M.</u> clock am/pm on the date stated above.		
Signature <u>Violeta Gelis</u>	Address <u>22 MAIN ROAD PACITA</u>	
Name in Print <u>DRA. VIOLETA GELIS</u>	<u>COMP. SAN PEDRO IAG.</u>	
Title or Position <u>OB-GYNE</u>	Date <u>SEPTEMBER 21, 1995</u>	

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20. INFORMANT		
Signature <u>Tiburcio Combis</u>	Address <u>B-15 L-10 JUANA 3-</u>	
Name in Print <u>TIBURCIO COMBIS</u>	<u>BINAN IAGUNA</u>	
Relationship to the child <u>FATHER</u>	Date <u>SEPT. 21, 1995</u>	

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98 29

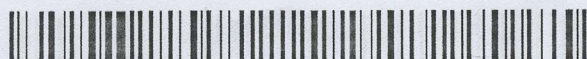
21. PREPARED BY		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature <u>Germa R. Chavez</u>	Signature <u>[Signature]</u>	Signature	
Name in Print <u>GERMA R. CHAVEZ</u>	Name in Print <u>[Name]</u>	Name in Print	
Title or Position <u>REG. MIDWIFE</u>	Title or Position <u>[Title]</u>	Title or Position	
Date <u>SEPT. 21, 1995</u>	Date <u>[Date]</u>	Date	

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*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

