



Municipal Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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.)

REMARKS/ANNOTATION
Delayed Registration

Province <u>Sarangani</u>		Registry No. <u>95-1006</u>
City/Municipality <u>Glan</u>		
1. NAME (First) <u>KATHREEN JOY</u> (Middle) <u>SATINITIGAN</u> (Last) <u>MABAGAL</u>		For OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41: <u>9501006</u> 42: <u>2</u> 43: <u>2</u> 44: <u>010595</u> 45: <u>80028</u> 46: <u>1</u> 47: <u>012722</u> 48: <u>1</u> 49: <u>4</u> 50: <u>010100</u> 51: <u>220</u> 52: <u>32</u> 53: <u>80028</u> 54: <u>1</u> 55: <u>4</u> 56: <u>954</u> 57: <u>29</u> 58: <u>1</u> 59: <u>80028</u> 60: <u>1</u> 61: <u>4</u> 62: <u>954</u> 63: <u>29</u> 64: <u>1</u> 65: <u>80028</u> 66: <u>1</u> 67: <u>4</u> 68: <u>954</u> 69: <u>29</u> 70: <u>1</u> 71: <u>80028</u> 72: <u>1</u> 73: <u>4</u> 74: <u>954</u> 75: <u>29</u> 76: <u>1</u> 77: <u>80028</u> 78: <u>1</u> 79: <u>4</u> 80: <u>954</u> 81: <u>29</u> 82: <u>1</u> 83: <u>80028</u> 84: <u>1</u> 85: <u>4</u> 86: <u>954</u> 87: <u>29</u> 88: <u>1</u> 89: <u>80028</u> 90: <u>1</u> 91: <u>4</u> 92: <u>954</u> 93: <u>29</u> 94: <u>1</u> 95: <u>80028</u> 96: <u>1</u> 97: <u>4</u> 98: <u>954</u> 99: <u>29</u> 100: <u>1</u>
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>1</u> <u>May</u> <u>1995</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Glan-Padidu</u> <u>Glan</u> <u>Sarangani</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"/> N/A <input type="checkbox"/> 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>2722</u> grams	
6. MAIDEN NAME (First) <u>EFRENA</u> (Middle) <u>PRAJIS</u> (Last) <u>SATINITIGAN</u>		
7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Iglesia ni Kristo</u>	
9a. Total number of children born alive: <u>1</u>	b. 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>housekeeper</u>	11. Age at the time of this birth: <u>32</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Glan-Padidu</u> <u>Glan</u> <u>Sarangani</u>		
13. NAME (First) <u>NORWAY</u> (Middle) <u>LUCUNA</u> (Last) <u>MABAGAL</u>		
14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Iglesia ni Kristo</u>	
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>23 September 1994; Glan-Padidu, Glan, Sarangani</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 <u>5:00</u> o'clock <u>am/pm</u> on the date stated above. Signature <u>SALMA MAKALIKUIS</u> Address <u>Glan-Padidu, Glan, Sarangani</u> Name in Print <u>Hilot</u> Date <u>23 June 1995</u> Title or Position _____		
20. INFORMANT Signature <u>NORWAY L. MABAGAL</u> Address <u>Glan-Padidu, Glan, Sarangani</u> Name in Print <u>Father</u> Date <u>23 June 1995</u> Relationship to the child _____		
21. PREPARED BY Signature <u>LETICIA S. ALFAPARA</u> Name in Print <u>Asst. Reg. Officer</u> Title or Position _____ Date <u>23 June 1995</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>DELIA J. BANTAWAN</u> Name in Print <u>Mun. Civil Registrar</u> Title or Position _____ Date <u>7 July 1995</u>		

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BEST POSSIBLE IMAGE



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BReN
08002-A95K102-0

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

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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 _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, 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, Norway L. Mabagal, of legal age, single/married and with residence and postal address at Glan-Padidu, Glan, Sarangani 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 KATHREEN JOY SATINITIGAN MABAGAL
2. That I/he/she was born on 1 May 1995 at Glan-Padidu, Glan, Sarangani
3. That I/he/she was attended at birth by Salma Makalikis who resides at Glan-Padidu, Glan, Sarangani
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were married on 23 September 1994 Glan-Padidu, Glan, Sarangani 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
7. That a copy of my/his/her birth certificate is needed for the purpose of record file
8. (For the applicant only) That I am married to NA
 (For the father/mother/guardian) That I am the father of the said person.

(Signature of Affiant) _____
Community Tax No. 11012909
Date Issued 23 June 1995
Place Issued Glan, Sarangani

SUBSCRIBED AND SWORN to before me this 23rd day of June, 1995 at Glan, Sarangani, Philippines.

(Signature of Administering Officer) _____ Municipal Civil Registrar (Title/Designation) _____
DELLA J. BANTAWIG (Name in Print) _____ Glan, Sarangani (Address) _____

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National Statistics Office