



(Copy for OCRG)

(To be accomplished in quadruplicate)

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.)

Municipal Form No. 102 (Revised January 1993)		REMARKS/ANNOTATION	
Province <u>METRO MANILA</u>		Registry No. <u>96-24608</u>	
City/Municipality <u>CALOOCAN CITY</u>		For OCRG USE ONLY: Population Reference No. <u>7501-A96XC04-8</u> TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9624608</u> 48 <input type="checkbox"/> 49 <u>4</u> 50 <u>121196</u> 56 <u>75010</u> 61 <input type="checkbox"/> 62 <u>01</u> 64 <u>2468</u> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <u>01</u> 72 <u>01</u> 74 <u>00</u> 76 <u>270</u> 79 <u>23</u> 81 <u>75010</u> 86 <input type="checkbox"/> 87 <input type="checkbox"/> <u>1530</u> 88 <u>X20</u> 91 <u>70</u> 93 <input type="checkbox"/> 94 <input type="checkbox"/> <u>590896</u> <u>75010</u> <u>111496</u>	
1. NAME (First) <u>EIVAN MARIE</u> (Middle) <u>SILVIO</u> (Last) <u>PAJO</u>			
2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>12 November 1996</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>4180 LRTB Blk 3 Maypajo Caloocan City Bgy 35 Zone 3</u>			
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> 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>2268</u> grams		
6. MAIDEN NAME (First) <u>Erline</u> (Middle) <u>Billones</u> (Last) <u>Silvio</u>			
7. CITIZENSHIP <u>Filipino</u>			
8. RELIGION <u>Catholic</u>			
9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</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>23</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>4180 LRTB Blk 3 Maypajo Caloocan City</u>			
13. NAME (First) <u>Vicente</u> (Middle) <u>Petracorta</u> (Last) <u>Pajo</u>			
14. CITIZENSHIP <u>Filipino</u>			
15. RELIGION <u>Catholic</u>			
16. OCCUPATION <u>Installer</u>			
17. Age at the time of this birth: <u>26</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 8, 1996 @ Holy Trinity Chapel General Luna Caloocan City</u>			
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:30 am</u> o'clock am/pm on the date stated above.			
Signature <u>Elena Ompad</u> Address <u>Maypajo Caloocan City</u> Name in Print <u>Elena Ompad</u> Date <u>Nov 14, 1996</u> Title or Position <u>Hilot</u>			
20. INFORMANT Signature <u>Erline S. Pajo</u> Address <u>same as above</u> Name in Print <u>Erline S. Pajo</u> Date <u>Nov. 14, 1996</u> Relationship to the child <u>Mother</u>			
21. PREPARED BY Signature <u>Elena Ompad</u> Name in Print <u>Elena Ompad</u> Title or Position <u>Hilot</u> Date <u>Nov. 14, 1996</u>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>KLINDA C. NAME</u> Name in Print <u>KLINDA C. NAME</u> Title or Position <u>RECEIVING OFFICER</u> Date <u>NOV 14 1996</u>			

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