

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
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"
Acknowledged by:
RENATO Y. MAHINAY/Father
on **Sept. 12, 1997** under
reg. no. **97-243** Book
No. 1, Page 79.

Province Samar Registry No. 97-243
City/Municipality Calbayog City

1. NAME (First) (Middle) (Last)
RENATO ANGELO BABAGAY GAVIOLA

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
01 Nov. 1991

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Calbayog District Hospital, Calbayog City Samar

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH
6.2 lbs grams

6. MAIDEN NAME (First) (Middle) (Last)
Marita Babagay Gaviola

7. CITIZENSHIP Fil. 8. RELIGION R.C.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Brgy. Carmen, Calbayog City Samar

13. NAME (First) (Middle) (Last)
Renato Yrigan Mahinay

14. CITIZENSHIP Fil. 15. RELIGION R.C.

16. OCCUPATION Laborer 17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:25 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address Calbayog District Hospital
Name in Print JOSE V. GAO, M.D.
Title or Position Medical Officer IV Date Nov. 1, 1991

20. INFORMANT
Signature [Signature] Address XXXXXXXXXX
Name in Print RENATO Y. MAHINAY Brgy. Carmen, Calbayog City
Relationship to the child Father Date Nov. 1, 1991

21. PREPARED BY
Signature [Signature]
Name in Print SUSANA G. JASOB
Title or Position Supervising Nurse
Date Sept. 1, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print FE D. QUEROL
Title or Position CITY CIVIL REGISTRAR
Date Sept. 12, 1997

FOR OCRG USE ONLY
Population Date:

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9702501

42 2

49-50 1011191

56-58 60038

61 1

62-64 012778

68-69 1 1

70-72 01 01 00

76 290 22

81 60038

86-87 1 21 2370

88-91 999 21

93 2

94 1



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, RENATO Y. MAHINAY and MARITA B. GAVIOLA 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)
Community Tax No. 14779153
Date Issued 9/12/97
Place Issued Calb. City

(Signature of Mother)
Community Tax No. 306252
Date Issued 9/20/97
Place Issued Calb. City

SUBSCRIBED AND SWORN to before me this 12th day of September, 1997 at Calbayog City, Philippines.

(Signature of Administering Officer)
FE D. QUEROLJICO
(Name in Print)

City Civil Registrar
Calbayog City
(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, Renato Y. Mahinay, of legal age, single/married and with residence and postal address at Brgy. Carmen, Calbayog City 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 BENMAR ANGELO GAVIOLA
2. That I/he/she was born on November 1, 1991 at Calbayog District Hospital, Calbayog
3. That I/he/she was attended at birth by JOSE V. ONG, M.D. who resides at Calbayog District Hospital
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were [] married on [] at [] [X] not married but was acknowledge by my/his/her father whose name is Renato Y. Mahinay
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
8. [] (For the applicant only) That I am married to [] [] (For the father/mother/guardian) That I am the father of the said person.

(Signature of Affiant)
Community Tax No. 14779153
Date Issued 9-12-97
Place Issued Calb. City

SUBSCRIBED AND SWORN to before me this 12th day of September, 1997 at Calbayog City, Philippines.

(Signature of Administering Officer)
FE D. QUEROLJICO
(Name in Print)

City Civil Registrar
Calbayog City
(Address)