

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

LATE 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 <u>Bohol</u>		Registry No. <u>2001-431</u>		0210	
City/Municipality <u>Pilar</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>Ma. Jessa Tecson Atup</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>04 April 1996</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Poblacion, Pilar, Bohol</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 _____		
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH _____ grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>Luzmarie Tecson</u>		41 <u>B 0 1 0 0 4 3 7</u>		
	7. CITIZENSHIP <u>Filipino</u>		48 <u>2</u>		
	8. RELIGION <u>Roman Catholic</u>		49 <u>2</u> 50 <u>0 4 0 4 9 6</u>		
FATHER	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		56 <u>1 2 3 4 4</u>
	c. No. of children born alive but are now dead: <u>0</u>		61 <u>1</u>		
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>21</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Poblacion, Pilar, Bohol</u>		62 <u>0 1</u> 64 <u>9 9 9 9</u>		
13. NAME (First) (Middle) (Last) <u>Enrique Atup</u>		68 <u>1</u> 69 <u>1</u>			
14. CITIZENSHIP <u>Filipino</u>		70 <u>0 1</u> 72 <u>0 1</u> 74 <u>0 0</u>			
15. RELIGION <u>Roman Catholic</u>		76 <u>2 2 0</u> 78 <u>2 8</u>			
16. OCCUPATION <u>Security Guard</u>		81 <u>1 2 3 4 4</u>			
17. Age at the time of this birth: <u>23</u> years		86 <u>1</u> 87 <u>1</u>			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>October 15, 1994 at Pilar, Bohol</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input 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 _____ o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>Poblacion, Pilar, Bohol</u> Name in Print <u>[Name]</u> Title or Position <u>PHN</u> Date <u>April 4, 1996</u>					
20. INFORMANT Signature <u>[Signature]</u> Address <u>Dal Pilar, Pilar, Bohol</u> Name in Print <u>MARY DUSAL</u> Date <u>August 17, 2001</u> Relationship to the child <u>Niece</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>NYLDA A. MANTE</u> Title or Position <u>Office Aide</u> Date <u>August 17, 2001</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>FEDERICO C. GARCIA</u> Title or Position <u>Un. Civil Registrar</u> Date <u>August 20, 2001</u>		
63 <u>1 10/15/94</u>					
94 <u>3 12344</u>					

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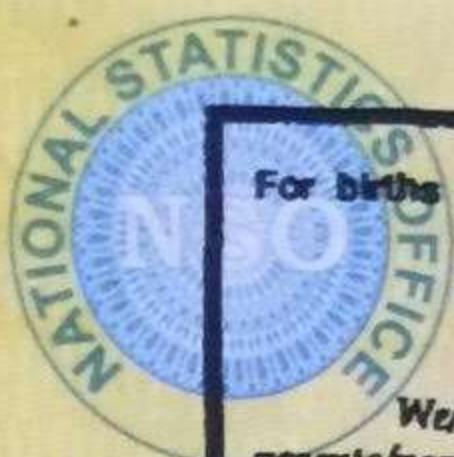
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CARMELITA N. ERICATA
Administrator and Civil Registrar General
National Statistics Office



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, _____ 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. _____	Community Tax No. _____
Date Issued _____	Date Issued _____
Place 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, Emery Dasal, of legal age, single/married
 and with residence and postal address at Dol Pilar, Pilar, Bohol
 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 Ms. Jessa T. Itap
2. That I/he/she was born on April 4, 1996 at Poblacion, Pilar, Bohol
3. That I/he/she was attended at birth by Arnelita N. Tadle who resides at Poblacion, Pilar, Bohol
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were married on Oct. 15, 1994 at Pilar, Bohol
 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 Any legal purposes
8. (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the _____ of the said person.

Emery Dasal

 (Signature of Affiant)
 Community Tax No. 10648970
 Date Issued 08/17/01
 Place Issued Pilar, Bohol

SUBSCRIBED AND SWORN to before me this 17th day of August, 2001
 at Pilar, Bohol, Philippines.

_____ (Signature of Administering Officer)	_____ Mun. Civil Registrar (Title/Designation)
<u>FEDERICO C. GUCOR</u> (Name in Print)	<u>Pilar, Bohol</u> (Address)

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Carmelita N. Erica
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Administrator and Civil Registrar General
 National Statistics Office

