



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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 1, 2, 5a, 5b, and 18a.)

Province <u>Bulacan</u>		Registry No. <u>98-1064</u>
City/Municipality <u>San Jose del Monte</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>CHRISTIAN RAY CARUZCA COMENDADOR</u>	For OCRG USE ONLY: Population Reference No. <u>1420-A98W503-4</u>
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (Day) (month) (year) <u>5 November 1998</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Blk. 5 Lot 4 Ridgepoint, Kaybanban, San Jose del Monte Bul.</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 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Others, Specify _____
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3175</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>CRESEIDA CANITO CARUZCA</u>	41 <u>9804064</u>
	7. CITIZENSHIP <u>Filipino</u>	42 <input type="checkbox"/>
	8. RELIGION <u>Catholic</u>	43 <input type="checkbox"/>
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>
	10. OCCUPATION <u>Housekeeper</u>	c. No. of children born alive but are now dead: <u>0</u>
FATHER	11. Age at the time of this birth: <u>27</u> years	44 <input type="checkbox"/>
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Blk. 5 Lot 4 Ridgepoint, Kaybanban, SJD, Bulacan</u>	45 <input type="checkbox"/>
	13. NAME (First) (Middle) (Last) <u>JUNE CRISFOLD O. COMENDADOR</u>	46 <input type="checkbox"/>
	14. CITIZENSHIP <u>Filipino</u>	47 <input type="checkbox"/>
	15. RELIGION <u>Catholic</u>	48 <input type="checkbox"/>
16. OCCUPATION <u>Security Guard</u>	49 <input type="checkbox"/>	
17. Age at the time of this birth: <u>39</u> years		50 <input type="checkbox"/>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>October 13, 1995 at Galeocan City Hall</u>		51 <input type="checkbox"/>
18a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input checked="" type="checkbox"/> 4. Healer (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify) _____		52 <input type="checkbox"/>
19a. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock and born on the date stated above.		53 <input type="checkbox"/>
Signature: <u>[Signature]</u> Address: <u>Rd. 2 Brgy. Minuyan I San Jose del Monte, Bul.</u>		54 <input type="checkbox"/>
Name in Print: <u>SHARPE ROASTRO</u> Date: <u>November 2, 1998</u>		55 <input type="checkbox"/>
Title or Position: <u>HELEP</u>		56 <input type="checkbox"/>
20. INFORMANT Signature: <u>[Signature]</u> Address: <u>B-5 L-4 Ridgepoint Kaybanban, SJD, Bulacan</u>		57 <input type="checkbox"/>
Name in Print: <u>CRESEIDA C. Comendador</u> Date: <u>November 11, 1998</u>		58 <input type="checkbox"/>
Relationship to the child: <u>Mother</u>		59 <input type="checkbox"/>
21. PREPARED BY Signature: <u>[Signature]</u> Address: <u>Reg. Office of the Civil Registrar General</u>		60 <input type="checkbox"/>
Name in Print: <u>REGINA E. PIRROFLO</u> Date: <u>November 11, 1998</u>		61 <input type="checkbox"/>
Title or Position: <u>REGISTRAR GENERAL</u>		62 <input type="checkbox"/>
Date: <u>November 11, 1998</u>		63 <input type="checkbox"/>
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Address: <u>Reg. Office of the Civil Registrar General</u>		64 <input type="checkbox"/>
Name in Print: <u>AUREA N. DICHOZA</u> Date: <u>November 11, 1998</u>		65 <input type="checkbox"/>
Title or Position: <u>Reg. Officer II</u>		66 <input type="checkbox"/>
Date: <u>November 11, 1998</u>		67 <input type="checkbox"/>

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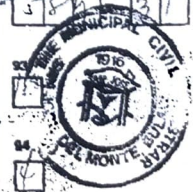
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BEST POSSIBLE IMAGE



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BReN

01420-A98W504-4

Documentary
Stamp Tax Paid

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

