S		(Copy for OCRG
Municipal Form No. 102 (Ravised January 1993)	To be accomplished in quadruplicate)	REMARKS/ANNOTATION
Republic of the		
OFFICE OF THE CIVIL	REGISTRAR GENERAL	
CERTIFICATE O	The solution of the solution o	
(Fill out completely, accurately a Place X before the appropriate an	swer in Items 2, 5a, 5b and 19a.) BK III p 54	
Province	Registry No. 5 AL COURSE	
City/Municipality Charles Communicipality	9700 8-28	Dilayed Lighthan -
1. NAME (First) Joyanneman	(Middle) (Cast) (A. C. Palacka Ari rap)	For OCRG USE ONLY: Population Reference No.
	DATE OF BIRTH (day) (month) (year)	
	27 September 95	TO BE FILLED UP AT THE
C 4. PLACE OF (Name of Hospital/Clinic/Inst	tution/ (City/Municipality) (Province)	OFFICE OF THE CIVIL
H BIRTH House No., Street, Barangay	the state of the s	1 W S
L Sa. TYPE OF BIRTH	AN, BORONGAN EASTERN SAMA	0700000
D 1 Single 2 Twin	1 First 2 Second	1110030
a J.Triplet, etc. C. BIRTH ORDER (live births and fetal deat	3 Others, Specify d. WEIGHT AT BIRTH	48
including this dell	(ery) HE CIVE. THE SAL OFFICE	
4 (first, second, third, etc	Man at 1 1 Francis to	49 50
NAME	(Models) VI (Last) NEBAL O (Last) NE	1 270995
7. CITIZENSHIP	8 RELIGION SEAL OFFICE	**
M gal a state of	R. C.	**************************************
O ga. Total number of b. No. of children born	The Same Sales of the Sales of	24647
H alive: 4 this birth	uding born alive but A COLLECT	
E 10. OCCUPATION	The Civil 11. Age at the time: Con Civil	61
R Teachen	of this birth 200 years	
12. RESIDENCE (House No., Street, Barang	A TI DA CERTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRE	62 649 9 9 9
- 13. NAME (First)	Middel (Last)	विय विवेवी
A puder of the	(Middle) (Last)	
T 14. CITIZENSHIP	15. RELIGION	68 69
H 16. OCCUPATION	17. Age at the time	
B Jame	of this birth: 3 9	70 72 74
	PARENTS (If not married, accomplish Affidavit of	एस एम क
Acknowledgment/Admission of Paterni	ty at the back.)	
0.00	mgan Partura Samual	76 79
19a. ATTENDANT	THE TAX AND THE PARTY OF THE PA	7/35 36
1 Physician 4 Hilot (Traditional Midwife)	2 Nurse 3 Midwife 5 Others (Specify)	7 2 3 2 7 7
19b. CERTIFICATION OF BIRTH	PONE TRANSPORTER OF THE PARTY OF THE	81
I hereby certify that I attended the birth of the am/pm on the date stated above.	e child who was born alive at 1:35 km o'clock	24047
Signature Opelada	Tabunan Braines	
Name in Print CHNTHA A. CECADA	Address 1000 Company Company	86 87
Title or Position — Karla M	Date June 11, 199 First	260
20. INFORMANT	TO SECURE A SECURE AND A SERVICE AND A SECURE ASSESSMENT OF THE SECURE	AND THE PROPERTY OF THE PARTY O
Signature Marcha appro-	Address	91 SOLD
Name in Print	TO JAN SHALL HERAL CHICA	290 39
21. PREPARED BY	Date OTTO AT THE OFFICE	93
- TILL AILU BY	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	93
Chuloda	Signature Laboral R. Catalo	
Signature — Signature		程度 医眼球性 医性性性 医神经性 医神经性
Name in Print	Name in Printing ALIB H MATALO	943
	Name in Print AL ALIA TO PATALO Title or Position The Care Care Date The Care Care Care Care Care Care Care Car	4 07/11/1984 4 07/11/1984

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BReN 02604-A95ST03-7

Documentary Stamp Tax Paid CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

For births before 3 August 1988/on or after 3 August 1988			
	4 1		
	, ir		
AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY			
Ne/I,and			
Well,andandandparents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear th	at the		
information contained herein are true and correct to the best of our/my knowledge and belief.			
	ı		
(Signature of Father) (Signature of Mother)			
Community Tax No Community Tax No			
Date Issued Date Issued Date Issued			
Place Issued Place Issued			
SUBSCRIBED AND SWORN to before me thisday of,			
at, Philippines.	MANA		
	MAN		
(Signature of Administering Officer)			
(Name in Print) (Address)	· ,		
Not contable to black the contable to the cont			
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.)			
The state of the s			
Natalia P. Anire and postal address at labumen loboligan is Samar legal age, single/m	arried		
and with residence and postal address at	,		
and having been duly swoth 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 bir	th of		
Joyannemar Panire	tit of		
2. That I/he/she was born on September 27,1995 at Tourian Borongan E. Samar			
3 That I/he/she was attended at hirth by Cynthia Clada who resid	es at		
Tabunan Sorongan E. Samar			
4. That I/he/she is a citizen of	ຕອກ		
Samon College			
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 Neglingence			
7. That a going of my his flow high soutifiers and find the kami at not have			
7. That a copy of my/his/her birth certificate is needed for the purpose of Kegistration			
8. [For the applicant only) That I am married toCastor C. Anire			
(For the father/mother/guardian) That I am the Mother of the said pers	son.		
halatia Unin			
(Signature of Afflant)			
Community Tax No. 22PC12P			
Date Issued 1-14-97			
Place Issued 3 snongan			
SUBSCRIBED AND SWORN to before me thisday of,			
at, Philippines.			
lola Il. Citals			
(Signature of Administering Officer) RDLAND G. CATALO (Title/Designation)			
MUN. CIVIL REDISTRAP (Interpesignation)			
(Name in Print) (Address)			
Louises			

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Administrator and Civil Registrar General
National Statistics Office