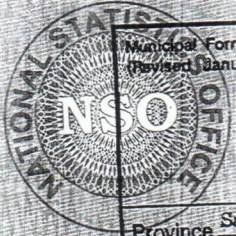


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 Municipal Form No. 102  
 (Revised January 1993)

(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 18a.)

| Province <u>Samar</u>                                                                                                                                                                                                                                                  |                                                                                                                                                                           | Registry No. <u>2010-667</u>                                                                                                                                                                       |                                                          | REMARKS/ANNOTATION                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| City/Municipality <u>Hinabangan</u>                                                                                                                                                                                                                                    |                                                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| CHILD                                                                                                                                                                                                                                                                  | 1. NAME (First) <u>JAIME</u> (Middle) <u>ABANAG</u> (Last) <u>CABALLERO</u>                                                                                               | 3. DATE OF BIRTH (day) (month) (year)<br><u>04</u> <u>DECEMBER</u> <u>1969</u>                                                                                                                     |                                                          | LATE REGISTRATION<br>2010667<br>041269<br>60087<br>010075<br>010100<br>220118<br>60087<br>619113<br>112230<br>4 |
|                                                                                                                                                                                                                                                                        | 2. SEX<br><input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female                                                                                    |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay)<br><u>BRGY. LIM-AO</u> (City/Municipality) <u>HINABANGAN</u> (Province) <u>SAMAR</u> |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 5a. TYPE OF BIRTH<br><input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.                                | b. IF MULTIPLE BIRTH, CHILD WAS<br><input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify                                                   |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | c. BIRTH ORDER (live births and fetal deaths including this delivery)<br><u>1ST</u> (first, second, third, etc.)                                                          | d. WEIGHT AT BIRTH<br><u>3175</u> grams                                                                                                                                                            |                                                          |                                                                                                                 |
| MOTHER                                                                                                                                                                                                                                                                 | 6. MAIDEN NAME (First) <u>ROSALINDA</u> (Middle) <u>NABUAL</u> (Last) <u>ABANAG</u>                                                                                       | 8. RELIGION <u>ROMAN CATHOLIC</u>                                                                                                                                                                  |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 7. CITIZENSHIP <u>FILIPINO</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>0</u> |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 10. OCCUPATION <u>HOUSEWIFE</u>                                                                                                                                           | 11. Age at the time of this birth: <u>18</u> years                                                                                                                                                 |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 12. RESIDENCE (House No., Street, Barangay)<br><u>BRGY. LIM-AO</u> (City/Municipality) <u>HINABANGAN</u> (Province) <u>SAMAR</u>                                          |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| FATHER                                                                                                                                                                                                                                                                 | 13. NAME (First) <u>ARTEMIO</u> (Middle) <u>ORIO</u> (Last) <u>CABALLERO</u>                                                                                              | 15. RELIGION <u>ROMAN CATHOLIC</u>                                                                                                                                                                 |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 14. CITIZENSHIP <u>FILIPINO</u>                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
|                                                                                                                                                                                                                                                                        | 16. OCCUPATION <u>Farmer</u>                                                                                                                                              | 17. Age at the time of this birth: <u>17</u> years                                                                                                                                                 |                                                          |                                                                                                                 |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br><u>FORGOTTEN</u>                                                                                                             |                                                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| 19a. ATTENDANT<br><input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife<br><input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)                 |                                                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| 19b. CERTIFICATION OF BIRTH<br>I hereby certify that I attended the birth of the child who was born alive at _____ o'clock<br>am/pm on the date stated above.<br>Signature <u>Forgotten</u> Address _____<br>Name in Print _____ Date _____<br>Title or Position _____ |                                                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| 20. INFORMANT<br>Signature <u>JAIME A. CABALLERO</u> Address <u>BRGY. LIM-AO</u><br>Name in Print <u>Personal</u> <u>HINABANGAN, SAMAR</u><br>Relationship to the child _____ Date _____                                                                               |                                                                                                                                                                           |                                                                                                                                                                                                    |                                                          |                                                                                                                 |
| 21. PREPARED BY<br>Signature <u>MELBA A. NABLO</u><br>Name in Print <u>Admin. Aide 1</u><br>Title or Position _____<br>Date <u>Nov 4, 2010</u>                                                                                                                         |                                                                                                                                                                           | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR<br>Signature <u>ANGELITA B. DAVANTES</u><br>Name in Print <u>MUN. CIVIL REGISTRAR</u><br>Title or Position <u>N/A</u><br>Date <u>Nov 4, 2010</u> |                                                          |                                                                                                                 |

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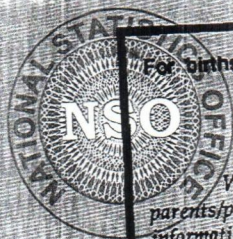
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Documentary  
Stamp Tax Paid

CARMELITA N. ERICTA

 Administrator and Civil Registrar General  
 National Statistics Office



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

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, and ROSALINDA NABUAL ABANAG  
 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.

ROSALINDA N. ABANAG

(Signature of Mother)

(Signature of Father)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of 2010  
HINABANGAN, SAMAR, Philippines.

at \_\_\_\_\_

MUN. CIVIL REGISTRAR

(Title/Designation)

HINABANGAN, SAMAR

(Address)

(Signature of Administering Officer)

(Name in Print)

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, JAIME ABANAG CABALLERO, of legal age, single/married  
 and with residence and postal address at BRGY. LIM-AO HINABANGAN, SAMAR  
 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 JAIME ABANAG CABALLERO
2. That I/he/she was born on DECEMBER 04, 1969 at BRGY. LIM-AO HINABANGAN, SAMAR who resides at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_
4. That I/he/she is a citizen of PHIL.
5. That my/his/her parents were ☐ married on \_\_\_\_\_ at \_\_\_\_\_  
☐ 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 LACK OF TIME
7. That a copy of my/his/her birth certificate is needed for the purpose of REGISTRATION
8. ☐ (For the applicant only) That I am married to \_\_\_\_\_ of the said person.  
☐ (For the father/mother/guardian) That I am the PERSONAL of the said person.

JAIME ABANAG CABALLERO

(Signature of Affiant)

Community Tax No. 04704637Date Issued 12-09-2010Place Issued Hinabangan, Samar

SUBSCRIBED AND SWORN to before me this 15th day of November 2010  
HINABANGAN, SAMAR, Philippines.

at \_\_\_\_\_

MUN. CIVIL REGISTRAR

(Title/Designation)

HINABANGAN, SAMAR

(Address)

(Signature of Administering Officer)

ANGELITA B. DAVANTEE

(Name in Print)

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BEST POSSIBLE IMAGE



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BReN

06008-A69Y401-2

Documentary  
Stamp Tax Paid

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

