



(Copy for OCRG)

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>SOUTHERN LEYTE</u>		Registry No. <u>95-137</u>	
City/Municipality <u>Saint Bernard</u>			
1. NAME (First) (Middle) (Last) <u>GLENDA LORAIN</u> <u>SUMIPO</u>		For OCRG USE ONLY: Population Reference No.	
2. SEX ☒ 1 Male ☒ 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>27</u> <u>July</u> <u>1993</u>	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Brgy. Himangan, Saint Bernard, So. Leyte</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH ☒ 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) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>7-pounds</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>GLORIA</u> <u>TAPE</u> <u>SUMIPO</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
MOTHER	9a. Total number of children born alive: <u>2</u>	9b. No. of children still living including this birth: <u>2</u>	9c. No. of children born alive but are now dead: <u>2</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>32</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Himangan, Saint Bernard, So. Leyte</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>LORENZO</u> <u>C.</u> <u>SOBRIO</u>		
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>
	16. OCCUPATION <u>Security Guard</u>		17. Age at the time of this birth: <u>30</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>			
19a. ATTENDANT ☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☒ 4 Healer (Traditional Midwife) ☐ 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:30</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>ROSEMARY PAG-IWATAN</u> Title or Position <u>Traditional Midwife</u>		Address <u>Himangan, St. Bernard,</u> <u>Southern Leyte</u> Date <u>July 23, 1993</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>GLORIA T. SUMIPO</u> Relationship to the child <u>Mother</u>		Address <u>Himangan, St. Bernard,</u> <u>Southern Leyte</u> Date <u>Jan. 20, 1995</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>EDUARDO N. OCHATE</u> Title or Position <u>Clerk</u> Date <u>Jan. 20, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CATALINA L. ESQUIJO</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>Feb. 27, 1995</u>	

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MS. EDITOR: OFFICIAL
Chief, Division of Statistics
08/04/2010 06:30:34 PMLEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON DECEMBER 25, 1994 AT SAINT BERNARD,
SOUTHERN LEYTE. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: GLENDA LORAIN SUMIPO SOBRIO

03874-1B-004RSO-00125-BI044

BEST POSSIBLE IMAGE



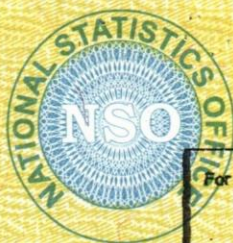
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Carmelita N. ERICTA
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

Well: Lorenzo C. Sobrio Jr. and Gloria T. Sumipo

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.

LORENZO C. SOBRIO JR.GLORIA T. SUMIPO

(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 27 day of Feb. 1995at Saint Bernard, N. Leyte, Philippines.

(Signature of Administering Officer)

Municipal Civil Registrar

(Title/Designation)

CATALINA L. ESQUIJOSaint Bernard, So. Leyte

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 16 years old or over, or father/mother/guardian may accomplish this affidavit.)

Gloria T. SumipoI, Gloria T. Sumipo, of legal age, single/married and with residence and postal address at Himbangan, St. Bernard, So. Leyte 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 Glenda Loraine Sumipo
2. That I/he/she was born on July 27, 1993 at Himbangan, St. Bernard, So. Leyte
3. That I/he/she was attended at birth by Traditional Midwife who resides at Himbangan, St. Bernard, So. Leyte
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were ☐ married on N/A at _____
☐ not married but was acknowledge by my/his/her father whose name is Lorenzo C. Sobrio Jr.
6. That the reason for the delay in registering my/his/her birth was due to Negligence of the Traditional Midwife
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 N/A
☐ (For the father/mother/guardian) That I am the Mother of the said person.

GLORIA T. SUMIPO

(Signature of Affiant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this 27 day of Feb. 1995at Saint Bernard, N. Leyte, Philippines.

(Signature of Administering Officer)

Municipal Civil Registrar

(Title/Designation)

CATALINA L. ESQUIJOSaint Bernard, So. Leyte

(Name in Print)

(Address)

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

