

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
<p align="center">Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p align="center">(Fill out completely, accurately and legibly. Use ink or typewriter.) Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)</p>				
Province <u>Leyte</u>		Registry No. <u>973</u>		<p>For OCRG USE ONLY: Population Reference No. <u>3739-A96YE03-6</u></p> <p>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</p>
City/Municipality <u>Palo</u>				
1. NAME (First) <u>John Martin</u> (Middle) <u>Alca</u> (Last) <u>Diao</u>				
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>14</u> <u>Dec</u> <u>96</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Leyte Provincial Hospital, Palo, Leyte</u>				
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1</u>		d. WEIGHT AT BIRTH <u>3.1</u> K. Grams		
6. MAIDEN NAME (First) <u>Elena</u> (Middle) <u>Alca</u> (Last) <u>Diao</u>				
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>		
9a. Total number of children born alive <u>1</u>		b. No. of children still living including this birth <u>1</u>		
10. OCCUPATION <u>H.K.</u>		11. Age at the time of this birth <u>26</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Pawing, Palo, Leyte</u>				
13. NAME (First) <u>Ranie</u> (Middle) <u>Calas</u> (Last) <u>Valdueva</u>				
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>		
16. OCCUPATION <u>Barman</u>		17. Age at the time of this birth <u>25</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 <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:50 P.M.</u> clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>LYDIA B. JAYEGO M.D.</u> Title or Position <u>Med. Off. III</u>		Address <u>LPH, Palo, Leyte</u> Date <u>Jan. 8, 1997</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ELENA DIAO</u> Relationship to the child <u>Mother</u>		Address <u>Brgy. Pawing, Palo, Leyte</u> Date <u>Jan. 8, 1997</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARIETTA B. CANTILLER</u> Title or Position <u>Clerk II</u> Date <u>Jan. 8, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LEU G. DUMAS</u> Title or Position <u>OFFICER IN CHARGE</u> Date <u>1-10-97</u>		

05281-E3-402RHH-00261-BI001

BEST POSSIBLE IMAGE



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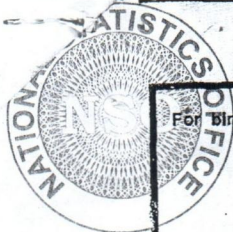
03739-A96YE02-8

Documentary
Stamp/Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and _____
 parents/parent of the child mentioned in this Certificate of Live **BIRTH** hereby solemnly swear that the
 information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

ELENA A. DIAZ (Signature of Mother)

Community Tax No. _____

Community Tax No. **1683146**

Date Issued _____

Date Issued **1-10-97**

Place Issued _____

Place Issued **Palo, Leyte**

SUBSCRIBED AND SWORN to before me this 10th day of Jan.
 at Palo, Leyte, Philippines.

(Signature of Administering Officer)

Municipal Civil Reg. (OIC)

GEO. M. PUNAS

Palo, Leyte
(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.)

_____, of legal age, single/married
 and with residence and postal address at _____
 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 _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
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 _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. ☐ (For the applicant only) That I am married to _____
☐ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____
 at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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