



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)				"Late Registration"	
Province <u>Samar</u> City/Municipality <u>Sta. Margarita</u>		Registry No. <u>98-147</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>BENIFACIO</u> <u>ESPERANZA</u> <u>CASTILLO</u>		2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		FOR OCRG USE ONLY: Population Reference No. _____ TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9800147</u> 48 <u>2</u> 49 50 <u>1100561</u> 56 <u>60160</u> 61 <u>1</u> 62 64 <u>073175</u> 68 69 <u>11</u> 70 72 74 <u>070700</u> 76 79 <u>22039</u> 81 <u>60160</u> 86 87 <u>11</u> <u>0:50</u> 88 91 <u>778</u> <u>82</u> 93 <u>1</u> <u>112145</u> <u>31025</u> <u>050498</u> 94 <u>4</u>
	3. DATE OF BIRTH (day) (month) (year) <u>16</u> <u>May</u> <u>1961</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Ilo, Sta. Margarita, Samar</u>		
	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 <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>7th</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams		
	MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>SOLEDAD</u> <u>PANAL</u> <u>ESPERANZA</u>		7. CITIZENSHIP <u>Filipine</u>	
8. RELIGION <u>Roman Catholic</u>		9a. Total number of children born alive: <u>7</u>			
b. No. of children still living including this birth: <u>7</u>		c. No. of children born alive but are now dead: <u>0</u>			
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>39</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Ilo, Sta. Margarita, Samar</u>					
FATHER	13. NAME (First) (Middle) (Last) <u>VINANCIO</u> <u>ALBERTA</u> <u>CASTILLO</u>		14. CITIZENSHIP <u>Filipine</u>		
	15. RELIGION <u>Roman Catholic</u>		16. OCCUPATION <u>Tuba Gatherer</u>		
	17. Age at the time of this birth: <u>42</u> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 21, 1945 - Baybay, Leyte</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify _____)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:00</u> o'clock a.m./p.m. on this date stated above.					
Signature _____ Name in Print <u>Deceased</u> Title or Position <u>JULIANA CAJUBAN</u> <u>Traditional Midwife</u>		Address <u>Tambungan, Gandara,</u> <u>Samar</u> Date _____			
20. INFORMANT Signature <u>Nelson C. Caber</u> Name in Print <u>NELSON C. CABER</u> Relationship to the child <u>Uncle</u>		Address <u>Naguro, Sta. Margarita,</u> <u>Samar</u> Date <u>May 4, 1998</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>TEOFILO S. GARA, JR.</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>May 4, 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>TEOFILO S. GARA, JR.</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>May 4, 1998</u>			

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CLAIRE DENNIS S. MAPA, 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, do hereby solemnly swear that the information contained  
 herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)  
 Community Tax No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Place Issued \_\_\_\_\_

(Signature of Mother)  
 Community Tax No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Place Issued \_\_\_\_\_

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

(Signature of Administering Officer)  
 \_\_\_\_\_  
 (Name in Print)

(Title/Designation)  
 \_\_\_\_\_  
 (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.)

I, Nelson C. Caber, of legal age, single/married  
 and with residence and postal address at Napure, Sta. Margarita, 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 BONIFACIO ESPERANZA CASTILLO
2. That I/he/she was born on May 16, 1961 at Ilo, Sta. Margarita, Samar
3. That I/he/she was attended at birth by Juliana Cajuban who resides at Deceased
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were ☒ married on Nov. 21, 1945 at Baybay, Leyte  
☐ 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 negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of parentage
8. ☐ (For the applicant only) That I am married to \_\_\_\_\_  
☒ (For the father/mother/guardian) That I am the nephew of the said person.

Nelson C. Caber  
 NELSON C. CABER  
 (Signature of Affiant)  
 Community Tax No. 10837155  
 Date Issued May 28, 1998  
 Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 28th day of May, 1998  
 at Sta. Margarita, Samar, Philippines.

(Signature of Administering Officer)  
TOMAS S. GARA, JR.  
 (Name in Print)

Mun. Civil Registrar  
 (Title/Designation)  
Sta. Margarita, Samar  
 (Address)

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 Philippine Statistics Authority

