



(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 <b>CERTIFICATE OF LIVE BIRTH</b></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>SO. Leyte</u>			Registry No. <u>98-13</u>		
City/Municipality <u>MAASIN</u>					
1. NAME (First) <u>John</u> (Middle) <u>Rick</u> (Last) <u>Bahuman</u>			For OCRG USE ONLY: Population Reference No. <u>                    </u>		
2. SEX <u>X</u> 1 Male <u>      </u> 2 Female			3. DATE OF BIRTH (day) (month) (year) <u>7</u> <u>Dec</u> <u>98</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Cabulihan, Maasin, So. Leyte</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
5a. TYPE OF BIRTH <u>      </u> 1 Single <u>      </u> 2 Twin <u>      </u> 3 Triplet, etc.			b. IF MULTIPLE BIRTH, CHILD WAS <u>      </u> 1 First <u>      </u> 2 Second <u>      </u> 3 Others, Specify <u>      </u>		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>			d. WEIGHT AT BIRTH <u>3.5</u> grams		
6. MAIDEN NAME (First) <u>Jesca</u> (Middle) <u>Macaldo</u> (Last) <u>Gida</u>			41 <u>98 00 413</u>		
7. CITIZENSHIP <u>FIL</u>			48 <u>2</u>		
8. RELIGION <u>RC</u>			49 50 <u>1 97 02 97</u>		
9a. Total number of children born alive: <u>3</u>			b. No. of children still living including this birth: <u>3</u>		
c. No. of children born alive but are now dead: <u>0</u>			56 <u>64071</u>		
10. OCCUPATION <u>H.K.</u>			61 <u>1</u>		
11. Age at the time of this birth: <u>31</u> years			62 64 <u>93 3508</u>		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Cabulihan, Maasin, So. Leyte</u>			68 69 <u>1 1</u>		
13. NAME (First) <u>Enrique</u> (Middle) <u>Espano</u> (Last) <u>Bahuman</u>			70 72 74 <u>03 93 00</u>		
14. CITIZENSHIP <u>FIL</u>			76 79 <u>220 31</u>		
15. RELIGION <u>RC</u>			81 <u>64071</u>		
16. OCCUPATION <u>Farmer</u>			86 87 <u>1 1</u>		
17. Age at the time of this birth: <u>38</u> years			88 91 <u>619 38</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 3, 1992</u> <u>Cabulihan, chapel</u>					
19a. ATTENDANT <u>X</u> 1 Physician <u>      </u> 2 Nurse <u>      </u> 3 Midwife <u>X</u> 4 Hilot (Traditional Midwife) <u>      </u> 5 Others (Specify) <u>      </u>					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:30</u> o'clock am/pm on the date stated above.					
Signature <u>Emilia R. Roca</u> Name in Print <u>EMILIA R. ROCA</u> Title or Position <u>Hilot</u>			Address <u>Cabulihan, Maasin, So. Leyte</u> Date <u>1-5-98</u>		
20. INFORMANT Signature <u>Jessita Bahuman</u> Name in Print <u>JESSA S. BAHUMAN</u> Relationship to the child <u>MOTHER</u>					
Address <u>Cabulihan, Maasin, So. Leyte</u> Date <u>1-8-98</u>					
21. PREPARED BY Signature <u>MA. ENRIQUE L. BANGARAN</u> Name in Print <u>MA. ENRIQUE L. BANGARAN</u> Title or Position <u>RM</u> Date <u>1-5-98</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LUZVIMOKA TELEN ABIERA</u> Name in Print <u>LUZVIMOKA TELEN ABIERA</u> Title or Position <u>CIVIL REGISTRATION OFFICER</u> Date <u>1-22-98</u>		
			93 <u>1</u> <u>06/03/92</u> <u>64071</u> <u>1820</u> <u>02/27/98</u>		

06996-C0-004ABV-00212-BI005

BEST POSSIBLE IMAGE



T004069960040021202262019005

DN600161083

BReN

06407-A97Y703-2

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, 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 \_\_\_\_\_,  
 at \_\_\_\_\_, Philippines.

(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, Jesca Baluran, of legal age, single/married  
 and with residence and postal address at Catubhan, Marikina, 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 son
2. That I/he/she was born on Dec 7, 1991 at Catubhan, Marikina, So. Leyte
3. That I/he/she was attended at birth by T. Hilat who resides at \_\_\_\_\_
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were ☐ married on June 3, 1992 at Catubhan  
☐ 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 of parents
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 \_\_\_\_\_  
☐ (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

Jesca Baluran  
 (Signature of Affiant)  
 Community Tax No. 12334790  
 Date Issued 03-14-97  
 Place Issued Catubhan, Marikina, So. Leyte

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

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

(Title/Designation) \_\_\_\_\_  
 (Address) \_\_\_\_\_

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BEST POSSIBLE IMAGE



T004069960040021202262019005

DN300161084

BReN

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