



Principal Form No. 102
Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

REMARKS/ANNOTATION

Republic of the Philippines
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 19a.)

Province <u>South Cotabato</u>		Registry No. <u>94-1726</u>
City/Municipality <u>Surallah</u>		
1. NAME (First) (Middle) (Last) <u>ELDON</u> <u>PAREÑAS</u> <u>DE PADUA</u>		
2. SEX ☒ 1 Male ☐ 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>18</u> <u>September</u> <u>1994</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Allah Valley, Surallah, South Cotabato</u>		
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>3175</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>Denova</u> <u>Tenogbanua</u> <u>Paroñas</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>	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>18</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Allah Valley, Surallah, South Cotabato</u>		
13. NAME (First) (Middle) (Last) <u>Elizer</u> <u>Ramping</u> <u>de Padua</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>
16. OCCUPATION <u>Farmer</u>		17. Age at the time of this birth: <u>21</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 31, 1994 - Kulaman, Sultan Kudarat</u>		
19a. ATTENDANT ☐ 1 Physician ☐ 2 Nurse ☒ 3 Midwife ☐ 4 Hilot (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>11:00</u> o'clock a.m/pm on the date stated above. Signature <u>[Signature]</u> Address <u>Surallah, South Cotabato</u> Name in Print <u>MARTILYN TANBANTILLO</u> Title or Position <u>Midwife</u> Date <u>September 26, 1994</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>Surallah, South Cotabato</u> Name in Print <u>MARTILYN TANBANTILLO</u> Relationship to the child <u>None</u> Date <u>September 26, 1994</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JONITA M STA. MARTA</u> Title or Position <u>Clerk 11</u> Date <u>September 26, 1994</u>		

FOR OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41 9401726

48 1

49 50 180994

56 60101

61 1

62 64 013175

68 69 11

70 72 74 010100

76 79 22018

81 63131

86 87 11

88 91 61921

93 1 013194 1400
6926.94

94 3

04148-F8-721JMF-00211-BI001

BEST POSSIBLE IMAGE



1721041487210021105112011001
BH000005353

BReN
06313-A94SJ01-9

Documentary
Stamp Tax Paid

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

