



(Copy for DGRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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 19a.)					
Province <u>Southern Leyte</u>			Registry No. <u>97-189</u>		
City/Municipality <u>Sogod</u>					
CHILD	1. NAME (First) (Middle) (Last) <u>CRISTOPHER ANDERSON PASTOR</u>		2. SEX <u>X</u> Male <u> </u> Female		
	3. DATE OF BIRTH (day) (month) (year) <u>16 January 1997</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay <u>L. Regis St., Sogod So. Leyte</u>		
	5a. TYPE OF BIRTH <u>X</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 _____		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>5th</u>		d. WEIGHT AT BIRTH <u>6 lbs.</u> grams		
	6. MAIDEN NAME (First) (Middle) (Last) <u>CRISTOPHER</u>		7. CITIZENSHIP <u>Filipino</u>		
MOTHER	8. RELIGION <u>Catholic</u>		9a. Total number of children born alive: <u>5</u>		
	b. No. of children still living including this birth: <u>4</u>		No. of children born alive but are now dead: <u>1</u>		
	10. OCCUPATION <u>Private Employee</u>		11. Age at the time of this birth: _____ years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>L. Regis St., Sogod So. Leyte</u>		13. NAME (First) (Middle) (Last) <u>CRISTOPHER ANDERSON PASTOR</u>		
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>		
FATHER	16. OCCUPATION <u>Government Employee</u>		17. Age at the time of this birth: _____ years		
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 8, 1984, Sogod, Southern Leyte</u>				
	19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u>X</u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify) _____				
	19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above. <u>7:00</u>				
	Signature <u>Roselda Santos</u> Name in Print <u>Roselda Santos</u> Title or Position <u>Midwife</u> Date <u>1/26/97</u>				
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>NANCY D. REGIS</u> Relationship to the child <u>Mother</u> Address <u>Regis St., Sogod So. Leyte</u> Date <u>2/3/97</u>			21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>VIRMA C. SIEVO</u> Title or Position <u>Placer</u> Date <u>2/3/97</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>NANCY D. REGIS</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>2/2/97</u>			For OCRG USE ONLY: Population Reference No. <u>11-A7BGU-C</u> TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>97 01 1697</u> 42 <u>1</u> 43 <u>2</u> <u>16 01 1697</u> 44 <u>64 170</u> 45 <u>1</u> 46 <u>1</u> <u>1</u> 47 <u>04</u> <u>04</u> <u>11</u> 48 <u>199</u> <u>79</u> 49 <u>290</u> <u>29</u> 50 <u>64 170</u> 51 <u>64 170</u> 52 <u>199</u> <u>79</u> 53 <u>290</u> <u>29</u> 54 <u>1</u> <u>1</u> 55 <u>199</u> <u>79</u> 56 <u>290</u> <u>29</u> 57 <u>64 170</u> 58 <u>199</u> <u>79</u> 59 <u>290</u> <u>29</u> 60 <u>64 170</u> 61 <u>1</u> <u>1</u> 62 <u>199</u> <u>79</u> 63 <u>290</u> <u>29</u> 64 <u>64 170</u> 65 <u>1</u> <u>1</u> 66 <u>199</u> <u>79</u> 67 <u>290</u> <u>29</u> 68 <u>64 170</u> 69 <u>1</u> <u>1</u> 70 <u>199</u> <u>79</u> 71 <u>290</u> <u>29</u> 72 <u>64 170</u> 73 <u>1</u> <u>1</u> 74 <u>199</u> <u>79</u> 75 <u>290</u> <u>29</u> 76 <u>64 170</u> 77 <u>1</u> <u>1</u> 78 <u>199</u> <u>79</u> 79 <u>290</u> <u>29</u> 80 <u>64 170</u> 81 <u>1</u> <u>1</u> 82 <u>199</u> <u>79</u> 83 <u>290</u> <u>29</u> 84 <u>64 170</u> 85 <u>1</u> <u>1</u> 86 <u>199</u> <u>79</u> 87 <u>290</u> <u>29</u> 88 <u>64 170</u> 89 <u>1</u> <u>1</u> 90 <u>199</u> <u>79</u> 91 <u>290</u> <u>29</u> 92 <u>64 170</u> 93 <u>1</u> <u>1</u> 94 <u>199</u> <u>79</u> 95 <u>290</u> <u>29</u> 96 <u>64 170</u> 97 <u>1</u> <u>1</u> 98 <u>199</u> <u>79</u> 99 <u>290</u> <u>29</u> 100 <u>64 170</u>		

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Documentary
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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority





REPUBLIC OF THE PHILIPPINES
OFFICE OF THE MUNICIPAL CIVIL REGISTRAR
SOGOD , SOUTHERN LEYTE

APRIL 18, 2024

TO WHOM IT MAY CONCERN;

We certify that, among others, the following facts of Birth appear in our Register of Births on page 8 of Book no. 14

LCR Registry Number : 97-109
Date of Registration : 2/3/97
Name of Child : ZARGIA GRACE A. PASION
Sex : FEMALE
Date of Birth : JANUARY 16, 1997
Place of Birth : L REGIS ST., SOGOD, SO. LEYTE
Name of Mother : ELISA MARIA C. AMPOLOQUIO
Nationality of Mother : FILIPINO
Name of Father : RAFAEL A. PASION
Nationality of Father : FILIPINO
Date of Marriage of Parents : DECEMBER 8, 1984
Place of Marriage of Parents : SOGOD, SO. LEYTE

This certification issued to ZARGIA GRACE A. PASION upon her request

Verified by:

NORMA S. TORION
CLERK III

CEASAR LEOPOLDO A. REGIS
MUNICIPAL CIVIL REGISTRAR
"FOR AND OF THE ABSENCE OF THE MCR"

NORMA S. TORION
CLERK III

Amount Paid : P300.00
O. R. Number : 0040563
Date Paid : 4/18/24

"DOCUMENTARY STAMP TAX PAID"

0040563 4/18/24
(GOR SERIAL NUMBER) (DATE OF PAYMENT)

Note: This certification is not valid if it has mark of erasure or alteration of any entry.