(Copy for OCRG)

PHILIPPINE STATISTICS AUTHORITY PSA

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province
City/Municipality **Muntinlupa City**

Registry No. 98-5047

CHILD

1. NAME (First) **Jailenn Jannaraine** (Middle) **Zamora** (Last) **Sabaria**
2. SEX ___ 1 Male **X** 2 Female
3. DATE OF BIRTH (day) (month) (year) **24 July 1998**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) **Alabang Medical Clinic, Alabang, Muntinlupa City**
5a. TYPE OF BIRTH **X** 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) **Third** (first, second, third, etc.)
d. WEIGHT AT BIRTH **3100** grams

MOTHER

6. MAIDEN NAME (First) **Jeralenn** (Middle) **Zamora** (Last) **Sabaria**
7. CITIZENSHIP **Filipino**
8. RELIGION **Catholic**
9a. Total number of children born alive: **2**
b. No. of children still living including this birth: **2**
c. No. of children born alive but are now dead: **0**
10. OCCUPATION **Housewife**
11. Age at the time of this birth: **28** years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) **Lot-21 Block-7 Don Juan Bayview Subd., Sucat, Muntinlupa City**

FATHER

13. NAME (First) **Jaime** (Middle) **Gono** (Last) **Puray**
14. CITIZENSHIP **Filipino**
15. RELIGION **Catholic**
16. OCCUPATION **Electronic Technician/MCD Trading**
17. Age at the time of this birth: **41** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT **X** 1 Physician ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **4:17 AM** o'clock am/pm on the date stated above.
Signature [signature]
Name in Print **Cristina A. Murakami, MD**
Title or Position **OB-Gyne**
Address **Alabang Medical Clinic, Alabang, Muntinlupa City**
Date **07-24-98**

20. INFORMANT
Signature [signature]
Name in Print **Jaime G. Puray**
Relationship to the child **Father**
Address **Lot-21 Block-7 Don Juan Bayview Subd., Sucat Muntinlupa City**
Date **07-24-98**

21. PREPARED BY
Signature [signature]
Name in Print **Francisco E. Montillano**
Title or Position **Administrator**
Date **07-24-98**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [signature]
Name in Print **WILHELMINA N. DELFIN**
Title or Position **REGISTRY OFFICER IV**
Date AUG 05 1998

For OCRG USE ONLY:
Population Reference No. 7603-A98PQ06-8

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 8 0 5 0 4 7
48: 1
49: 2 50: 2 4 0 7 9 8
56: 7 6 0 3 3
61: 1
62: 0 3 64: 3 1 0 3
68: 1 69: 1
70: 0 2 72: 0 2 74: 0 0
76: 2 3 0 79: 2 5
81: 7 6 0 3 3
1130
86: 1 87: 1 1130
88: 8 1 4 91: 4 1
93: 2 ++++
94: 1 ++++
08061998

THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM SABARIA TO PURAY ON APRIL 20, 2015. THE CHILD SHALL BE KNOWN AS: JAILENN JANNARAINE SABARIA PURAY, PURSUANT TO R.A. 9255.

- SID: 27A72F82C15A61C0C1F62DBD3243B64D40EF6B 07/02/2015 09:18:56 AM

[signature]
MS. EDITHA R. ORCILLA
Chief, Document Management Division

07149-C0-008DLC-00011-BI001

BEST POSSIBLE IMAGE

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BReN
07603-A98PQ02-2

Documentary Stamp Tax Paid

[signature]
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

For births effective 22 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.

x _____ (Signature of Administering Officer)

_____ (Title/Designation)

_____ (Name in Print)

_____ (Address)

Not applicable for births before 27 February 1993

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, _____, 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 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. x ☐ (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)

x

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)

07149-C0-008DLC-00011-BI001

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority