

(Copy for CCRG)

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>Capiz</u>		Registry No. <u>2005-191</u>		REMARKS/ANNOTATION registered pursuant to Rule 20 of Administrative Order no. 1 series of 1993. "OUT OF TOWN REGISTRATION"
City/Municipality <u>Pontevedra</u>				
C H I L D	1. NAME (First) (Middle) (Last) <u>FLORA MIA YULORES DUATIN</u>		For CCRG USE ONLY: Registration Reference No. _____	
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>02 May 1961</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Pontevedra, Capiz</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	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>Fifth</u>		d. WEIGHT AT BIRTH <u>2722</u> grams	
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>LILIA GOJIL YULORES</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Baptist</u>	
	9a. Total number of children born alive: <u>5</u>		b. No. of children still living including this birth: <u>5</u>	
	10. OCCUPATION <u>Gov't Employee</u>		11. Age at the time of this birth: <u>32</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Pontevedra, Capiz</u>			
F A T H E R	13. NAME (First) (Middle) (Last) <u>ANDRES FABRO DUATIN</u>			
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Baptist</u>	
	16. OCCUPATION <u>Gov't employee</u>		17. Age at the time of this birth: <u>35</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 15, 1954 - Upi, Catebato</u>				
19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u> </u> 4 Hilot (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.				
Signature <u>Not available during reg.</u> Address _____ Name in Print <u>LORENZO DATILIS MD.</u> Address <u>Pontevedra, Capiz</u> Title or Position <u>Physician</u> Date <u>May 2, 1961</u>				
20. INFORMANT Signature _____ Address _____ Name in Print <u>FLORA MIA Y. DUATIN</u> Address <u>189 V190A, Baybay, Leyte</u> Relationship to the child <u>Herself</u> Date <u>Feb 14, 2005</u>				
21. PREPARED BY <u>✓</u> Signature _____ Address _____ Name in Print <u>NOEL V. MARGENAO</u> Address <u>189 V190A, Baybay, Leyte</u> Title or Position <u>MCR - BAYBAY</u> Date <u>Feb. 4, 2005</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Address _____ Name in Print <u>RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR</u> Address _____ Title or Position <u>REGISTRAR GENERAL</u> Date <u>07/2005</u>				

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CARMELITA N. ERICIA

Administrator and Civil Registrar General
National Statistics Office



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)

(Signature of Mother)

Community Tax No. _____

Community Tax No. _____

Date Issued _____

Date Issued _____

Place Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____

, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(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, Blanca Maria Jesusa, of legal age, single/married
 and with residence and address at Lot 7100, Baybay, 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
2. That Blanca Maria Jesusa at _____
3. That I/he/she was attended May 15, 1954 Pontevedra, Capiz who resides at Loranzo Dattles MD.
4. That I/he/she is a citizen of Pontevedra, Capiz
5. That my/his/her parents were ☒ married on May 15, 1954 at Upl, Cotabato
☐ 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 _____
7. That a copy of my/his/her birth certificate is needed for the purpose of general purposes
(not available) negligence of parents
8. ☐ (For the applicant only) That I am married to _____
☐ (For the father/mother/guardian) That I am the _____ of the said person.

applicant

(Signature of Affiant)

Community Tax No. _____

Date Issued XXPlace Issued XXXXSUBSCRIBED AND SWORN to before me this 4th day of February, 2005

, Philippines.

Baybay, Leyte

(Signature of Administering Officer)

MCR

(Title/Designation)

(Name in Print)

Baybay, Leyte (Address)

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

