

Municipal Form No. 102
(Revised August 2016)Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

accomplished in quadruplicate using black ink)

CERTIFICATE OF LIVE BIRTH

| | | | | | | | |
|--|--|--|---|--|-----------------------|----|----|
| Province | METRO MANILA | | | Registry No. | 2020-154 | | |
| City/Municipality | | | | | | | |
| C H I L D | 1. NAME DYLAN EZEKIEL | | (First) (Middle) TRINIDAD | (Last) ACLERA | | | |
| | 2. SEX (Male/Female) MALE | 3. DATE OF BIRTH House No., St., Barangay) | (Day) 27 | (Month) DECEMBER | (Year) 2019 | | |
| 4. PLACE OF BIRTH House No., St., Barangay) | (Name of Hospital/Clinic/Institution/ CALOOCAN CITY MEDICAL CENTER) | | | (City/Municipality) #450 A. MABINI ST. CALOOCAN CITY | (Province) | | |
| 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A | 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND | 6. WEIGHT AT BIRTH 3400 grams | | | | |
| M O T H E R | 7. MAIDEN NAME CZARINA MAE | (First) (Middle) ROJAS | (Last) TRINIDAD | | | | |
| F A T H E R | 8. CITIZENSHIP FILIPINO | 9. RELIGION/RELIGIOUS SECT CATHOLIC | CATHOLIC | | | | |
| 20a. Total number of children born alive 2 | 10b. No. of children still living including this birth 2 | 10c. No. of children born alive but are now dead 0 | 11. OCCUPATION HOUSE WIFE | 12. AGE at the time of this birth (completed years) 25 | | | |
| 13. RESIDENCE (House No., St., Barangay) | (City/Municipality) | | | (Province) | (Country) | | |
| # 317 C D. AQUINO ST. 10TH AVE. BRGY 66 CALOOCAN CITY | | | | PHIL | | | |
| F A T H E R | 14. NAME JUSTIN AUDIE | (First) (Middle) | (Last) ACLERA | | | | |
| E R | 15. CITIZENSHIP FILIPINO | 16. RELIGION/RELIGIOUS SECT CATHOLIC | 17. OCCUPATION CLOUD ENGINEER | 18. AGE at the time of this birth (completed years) 25 | | | |
| 19. RESIDENCE (House No., St., Barangay) | (City/Municipality) | | | (Province) | (Country) | | |
| # 317 C D. AQUINO ST. 10TH AVE. BRGY 66 CALOOCAN CITY | | | | PHIL | | | |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.) | | | | | | | |
| 20a. DATE (Month) NOT MARRIED | (Day) | (Year) | 20b. PLACE (City/Municipality) | (Province) | (Country) | | |
| | | | N/A N/A | | | | |
| 21a. ATTENDANT | | | | | | | |
| 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____ | | | | | | | |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 3:17 AM on the date of birth specified above. | | | | | | | |
| Signature _____ | | | Address C/O - CALOOCAN CITY MEDICAL CENTER # 450 A. MABINI ST. CALOOCAN CITY | | | | |
| Name in Print CZARINA MAE R. TRINIDAD | | | | | | | |
| Title or Position OBSTETRICIAN | | | Date JANUARY 02, 2020 | | | | |
| 22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ | | | 23. PREPARED BY Signature _____ | | | | |
| Name in Print CZARINA MAE R. TRINIDAD | | | Name in Print ROWENA ESPERANZA C. AFAN | | | | |
| Relationship to the Child MOTHER | | | Title or Position OIC MED. RECORDS SECTION | | | | |
| Address SAME AS ABOVE | | | Date JANUARY 02, 2020 | | | | |
| Date JANUARY 02, 2020 | | | | | | | |
| 24. RECEIVED BY Signature _____ Name in Print M. DORCAS B. CATIGAL Title or Position Adm. Aide IV | | | 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print LEOPOLDO S. PALERO Title or Position Registration Officer IV | | | | |
| Date JAN 23 2020 | | | Date JAN 23 2020 | | | | |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) | | | | | | | |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR | | | | | | | |
| 8 | 9 | 11 | 13 | 15 | 16 | 17 | 19 |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |

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National Statistician and Civil Registrar General
Philippine Statistics Authority

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, Justin Andie Aclera and Catrina Mae Trinidad
 of legal age, am/are the natural mother and/or father of
 born on December 23, 2019 at Caloocan City Medical Center, who was

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child.

Justin Andie Aclera

(Signature Over Printed Name of Father)

Catrina Mae Trinidad

(Signature Over Printed Name of Mother)

JAN 23 2020

SUBSCRIBED AND SWORN to before me this _____ day of _____ by
 and _____, who exhibited to me (his/her)
 CTC/valid ID _____ issued on _____ at _____

ATTY. SANTIAGO ALVAREZ
NOTARY PUBLIC
UNTIL DEC. 31, 2020
PTR NO. 01232117772020
IBP 111-72-ANALIA
Signature of the Administering Officer
SK ID NO. 9347
MCL Name in Print
VINCE NO. 0000055

DOC. NO. 323PAGE NO. 1/1BOOK NO. XCVSERIES OF 2020

Position / Title / Designation

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

 my birth in _____ on _____ the birth of _____ who was born in _____
on _____

2. That I/he/she was attended at birth by _____ who resides at _____

3. That I am/he/she is a citizen of _____

4. That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is _____

5. That the reason for the delay in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his/her CTC/valid ID
issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority