



Municipal Form No. 102
(Revised January 2007)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	METRO MANILA			Registry No.	2017-4187		
City/Municipality	CALOOCAN CITY						
C H I L D	1. NAME (First) KYLE SEBASTIAN	(Middle) TRINIDAD	(Last) ACLERA				
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH	(Day) .12	(Month) FEBRUARY	(Year) 2017		
	4. PLACE OF BIRTH <small>(Name of Hospital/Clinic/Institution/ House No., St. Barangay)</small>	(City/Municipality) CALOOCAN CITY MEDICAL CENTER			(Province) #450 A. MABINI ST. CALOOCAN CITY		
	5a. TYPE OF BIRTH <small>(Single, Twin, Triplet, etc.)</small>	5b. IF MULTIPLE BIRTH, CHILD WAS <small>(First, Second, Third, etc.)</small>	5c. BIRTH ORDER <small>(Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)</small>	6. WEIGHT AT BIRTH <small>FIRST</small>			
	SINGLE	N/A		3150 grams			
M O T H E R	7. MAIDEN NAME CZARINA MAE	(Middle) ROJAS	(Last) TRINIDAD				
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT CATHOLIC					
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	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) 22		
	13. RESIDENCE (House No., St., Barangay) #77 D. AQUINO ST. 10TH AVE. BRGY66 CALOOCAN CITY	(City/Municipality)	(Province)	(Country)	PHIL		
	14. NAME (First) JUSTIN AUDIE	(Middle)	(Last) ACLERA				
15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT CATHOLIC	17. OCCUPATION I.T	18. AGE at the time of this birth (completed years) 22				
19. RESIDENCE (House No., St., Barangay) #77 D AQUINO ST. 10TH AVE. BRGY 66 CALOOCAN CITY	(City/Municipality)	(Province)	(Country)	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		
21a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Ililot (Traditional Birth Attendant) 5 Others (Specify) _____							
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Iilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>1:20PM am/pm</u> on the date of birth specified above.							
Signature	<u>Cy</u>	Address		C/O CCMC #450 A. MABINI ST CALOOCAN CITY			
Name in Print	<u>CLARISSA LOURDES BURGO, MD.</u>	Title or Position		Date <u>FEBRUARY 14, 2017</u>			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.			23. PREPARED BY				
Signature	<u>Cy</u>	Signature		<u>Jay-a</u>			
Name in Print	<u>Czarina Mae R. Trinidad</u>	Name in Print		ROWENA ESPERANZA C. AFAN <u>PO</u>			
Relationship to the Child	<u>MOTHER</u>	Title or Position		OIC MED. RECORDS SECTION			
Address	<u>SAME AS ABOVE</u>	Date		<u>FEBRUARY 14, 2017</u>			
Date	<u>FEBRUARY 14, 2017</u>	24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR			
Signature	<u>M. DORCAS B. CANIGAL</u>	Signature		<u>Leopoldo S. Palero</u>			
Name in Print	<u>Adm. Aide IV</u>	Name in Print		Registration Officer IV			
Title or Position	<u>MAR 10 2017</u>	Title or Position		<u>MAR 10 2017</u>			
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


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 Czarina Mae Trinidad, of legal age, am/are the natural mother and/or father of Kyle Sebastian Aclera, who was born on February 12, 2017 at Caloocan City Medical Center.

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)

Czarina Mae Trinidad
 (Signature Over Printed Name of Mother)

T 0 2017

SUBSCRIBED AND SWORN to before me this _____ day of _____ by

and _____, who exhibited to me (his/her)

Community Tax Cert. No. _____ issued on _____ at _____

ATTY. SANTOS A. ABENIK
 NOTARY PUBLIC

UNTIL DEC 31, 2017

PTR NO. 546/01-03-17

Signature of the Administering Officer

TIN 131-000-0000

Sect. Name in Print

MCLE COMPLIANCE NO. 00000000

DOC. NO. 283

PAGE NO. 1/1 Position / Title / Designation

BOOK NO. 500

SERIES OF 2017

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 Community Tax Cert.

issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address