



Municipal Form No. 102  
Version January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 18a.)

|  |  |  |   |   |  |  |
|--|--|--|---|---|--|--|
| Province Albay   |  |  | Registry No.  | REMARKS/ANNOTATION                                |  |  |
| City/Municipality Legazpi City   |  |  | 99 - 2030   |   |  |  |
| 1. NAME (First) DON JEREC (Middle) ACOSTA (Last) SERUNA<br>2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female<br>3. DATE OF BIRTH (day) 22 (month) May (year) [Redacted]  |  |  |   |   | For DCRG USE ONLY:<br>Population Reference No.<br>0506-A99JN06-9   |  |
| 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/<br>BIRTH House No., Street, Barangay) Arimbay, Legazpi City Albay  |  |  |   |   | TO BE FILLED UP AT THE<br>OFFICE OF THE CIVIL<br>REGISTRAR   |  |
| 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.  |  | b. IF MULTIPLE BIRTH, CHILD WAS<br><input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____ |   |   | 41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| c. BIRTH ORDER (ive births and fetal deaths<br>including this delivery)<br>2nd (first, second, third, etc.)  |  | d. WEIGHT AT BIRTH<br>2900 grams   |   |   | 42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 6. MAIDEN NAME (First) Evelyn (Middle) Marquez (Last) Acosta   |  |  |   |   | 43 <input type="checkbox"/>  |  |
| 7. CITIZENSHIP Filipino  |  |  | 8. RELIGION R.C.  |   | 44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 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 |  | 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10. OCCUPATION Housekeeper   |  |  | 11. Age at the time of this birth: 29 years   |   |  | 46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12. RESIDENCE (House No., Street, Barangay) Arimbay, Legazpi City Albay  |  |  |   |   | 47 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 13. NAME (First) Roque (Middle) Padayao (Last) Seruna  |  |  |   |   | 48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 14. CITIZENSHIP Filipino   |  |  | 15. RELIGION R.C.   |   | 49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 16. OCCUPATION Laborer   |  |  | 17. Age at the time of this birth: 30 years   |   | 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br>April 24, 1993 - San Vicente Ferrer Parish, Bigan, Legazpi City  |  |  |   |   |  | 51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19a. ATTENDANT<br><input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife<br><input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____  |  |  |   |   |  | 52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19b. CERTIFICATION OF BIRTH<br>I hereby certify that I attended the birth of the child who was born alive at 5:15 A.M. o'clock am/pm on the date stated above.<br>Signature _____ Address Arimbay, Legazpi City<br>Name in Print CINDELLA ACOSTA Date 6/16/99<br>Title or Position Hilot |  |  |   |   |  | 53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. INFORMANT<br>Signature _____ Address Arimbay, Legazpi City<br>Name in Print ROQUE SERUNA Date 6/16/99<br>Relationship to the child Father  |  |  |   |   |  | 54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 21. PREPARED BY<br>Signature _____ Name in Print MARITES A. APERIN<br>Title or Position CAO I Date 6/16/99   |  |  | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR<br>Signature _____ Name in Print NICETAS R. ALVARADO<br>Title or Position DEPT. OF CIVIL REGISTRAR Date 6/17/99 |   |  | 55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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BEST POSSIBLE IMAGE



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