



Form No. 102
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 19a.)

Province Albay

City/Municipality Legaspi City

Registry No.

99 - 2030

REMARKS/ANNOTATION

C H I L D	1. NAME (First) (Middle) (Last) <u>DON JERON</u> <u>ACOSTA</u> <u>SERUNA</u>	2. SEX <u>X</u> 1 Male <u> </u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>22</u> <u>May</u> <u>1999</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Arimbay, Legaspi City</u> <u>Albay</u>	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 <u> </u>		d. WEIGHT AT BIRTH <u>2900</u> grams
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>		
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>Evelyn</u> <u>Marquez</u> <u>Acosta</u>	7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>R.C.</u>
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>	11. Age at the time of this birth: <u>29</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Arimbay, Legaspi City</u> <u>Albay</u>		
F A T H E R	13. NAME (First) (Middle) (Last) <u>Roque</u> <u>Padayao</u> <u>Seruna</u>	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>R.C.</u>
	16. OCCUPATION <u>Laborer</u>	17. Age at the time of this birth: <u>30</u> years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
April 24, 1993 - San Vicente Ferrer Parish, Bigan, Legaspi City

19a. ATTENDANT

 1 Physician 2 Nurse 3 Midwife
X 4 Healer (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

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.

Signature [Signature] Address Arimbay, Legaspi City
Name in Print CINDERELLA ACOSTA
Title or Position Healer Date 6/16/99

20. INFORMANT

Signature [Signature] Address Arimbay, Legaspi City
Name in Print ROQUE SERUNA
Relationship to the child Father Date 6/16/99

21. PREPARED BY

Signature [Signature]
Name in Print MARITES A. APERIN
Title or Position CAO I
Date 6/16/99

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR

Signature [Signature]
Name in Print NICHOLAS R. ALVARADO
Title or Position CHIEF, CIVIL REGISTRATION
Date 6/17/99

For OCRG USE ONLY:
Population Reference No.

0506-A99JN06-9

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41 9202030

42 1

43 1 44 220599

45 05069

46 1

47 02 48 7900

49 1 50 1

51 02 52 02 53 00

54 220 55 09

56 05069

57 1 58 1 59 Q130

60 999 61 30

62 0274/99

63 03026

64 0617/99

08165-FA-999CPB-00413-BI001

BEST POSSIBLE IMAGE



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SP400027294

BRen

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