



Model Form No. 102  
(Revised, January 1993)

(To be accomplished in quadruplicate)

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 \_\_\_\_\_  
City/Municipality **MANILA**

Registry No.  
**2004-15799**

1. NAME <b>ABON JAMES</b>	(First) (Middle) <b>CASTRO</b>	(Last) <b>VICENTUAN</b>	REMARKS/ANNOTATION
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <b>06 MARCH 2004</b>		For OCG USE ONLY: Population Reference No.  _____
4. PLACE OF BIRTH House No., Street, Barangay <b>ATANG BELA RAMA LYING IN CLINIC, R. FERNANDEZ ST. TBO. MLA.</b>	(Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)		TO BE FILLED UP AT THE OFFICE OF THE CIVIL 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 <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		41 _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <b>THIRD</b> (first, second, third, etc.)	d. WEIGHT AT BIRTH <b>2665</b> grams		42 <input type="checkbox"/>
6. MAIDEN NAME <b>JOANNA JOANNE ESTEBAN</b>	(First) (Middle)	(Last) <b>CASTRO</b>	43 <input type="checkbox"/> 06/04/04
7. CITIZENSHIP <b>PILIPINO</b>	8. RELIGION <b>ROMAN CATHOLIC</b>		44 <input type="checkbox"/> 06/04/04
9a. Total number of children born alive: <b>3</b>	b. No. of children still living including this birth: <b>3</b>	c. No. of children born alive but are now dead: <b>0</b>	45 <input type="checkbox"/> 06/04/04
10. OCCUPATION <b>HOUSEWIFE</b>	11. Age at the time of this birth: <b>27</b> years		46 <input type="checkbox"/> 06/04/04
12. RESIDENCE (House No., Street, Barangay) <b>271-C MIRASOL STREET BALUT TONBO, MANILA</b>	(City/Municipality)	(Province)	47 <input type="checkbox"/> 06/04/04
13. NAME <b>RONNELL</b>	(First) (Middle) <b>MAGLENTES</b>	(Last) <b>VICENTUAN</b>	48 <input type="checkbox"/> 06/04/04
14. CITIZENSHIP <b>PILIPINO</b>	15. RELIGION <b>ROMAN CATHOLIC</b>		49 <input type="checkbox"/> 06/04/04
16. OCCUPATION <b>PAINTER</b>	17. Age at the time of this birth: <b>29</b> years		50 <input type="checkbox"/> 06/04/04

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

**MARCH 07, 2000 - PASAY CITYHALL**

19a. ATTENDANT

- 1 Physician  
 2 Nurse  
 3 Midwife  
 4 Pilot (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 **2:17AM.** o'clock am/pm on the date stated above.

Signature **R. Fontanilla** Address **ATANG BELA RAMA LIC.**  
Name in Print **ROSALEINA P. FONTANILLA** R. FERNANDEZ ST. TBO. MANILA  
Title or Position **REGISTERED MIDWIFE** Date **MARCH 06, 2004**

20. INFORMANT

Signature **R. Vicentuan**  
Name in Print **RONNELL M. VICENTUAN**  
Relationship to the child **FATHER**

Address **271-C MIRASOL STREET**  
**BALUT TONBO, MANILA**  
Date **MARCH 06, 2004**

21. PREPARED BY

Signature **R. Fontanilla**  
Name in Print **ROSALEINA P. FONTANILLA**  
Title or Position **REGISTERED MIDWIFE**  
Date **MARCH 06, 2004**

22. RECEIVED AT THE OFFICE OF  
THE CIVIL REGISTRAR

Signature **Gloria C. Pagdilao**  
Name in Print **GLORIA C. PAGDILAO**  
Title or Position **CITY CIVIL REGISTRAR**  
Date **APR 05 2004**

06368-86-004HCI-00509-B1002

BEST POSSIBLE IMAGE



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BReN  
03901-B04E63Y-8

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority