



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines

### 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: Pangasinan

Registry No.

City/Municipality: Dagupan City

94-6724

CHILD	1. NAME (First) (Middle) (Last) <b>DARIEL FERNANDEZ GABRILLO</b>	
	2. SEX <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	3. DATE OF BIRTH (day) (month) (year) <b>66 December 1994</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>MEDICAL CITY DAGUPAN, INC. A.B. Fernandez East Dagupan City</b>	
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Twin <input type="checkbox"/> 3. Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <b>First</b>	d. WEIGHT AT BIRTH <b>2.778</b> grams

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <b>ARMIDA BIOLAZO FERNANDEZ</b>		
	7. CITIZENSHIP <b>FILIPINO</b>	8. RELIGION <b>ROMAN CATHOLIC</b>	
	9a. Total number of children born alive: <b>01</b>	b. No. of children still living including this birth: <b>01</b>	c. No. of children born alive but are now dead: <b>0</b>
	10. OCCUPATION <b>NONE</b>	11. Age at the time of this birth: <b>23</b> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>CALASIAO PANGASINAN</b>			

FATHER	13. NAME (First) (Middle) (Last) <b>PEDRO GABIOLA GABRILLO</b>	
	14. CITIZENSHIP <b>FILIPINO</b>	15. RELIGION <b>ROMAN CATHOLIC</b>
	16. OCCUPATION <b>SEAMAN</b>	17. Age at the time of this birth: <b>23</b> years

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

**OCTOBER 23, 1994- CALASIAO, PANGASINAN**

19a. ATTENDANT-  
☒ 1. Physician ☐ 2. Nurse ☐ 3. Midwife  
☐ 4. Hilot (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 **2:48 am.** o'clock  
am/pm on the date stated above.

Signature: [Signature] Address: Medical City Dagupan, Inc.  
Name in Print: FELONILA C. CANTO, M.D. A.B. Fernandez East Dagupan  
Title or Position: OB-GYNE Date: December 06, 1994

20. INFORMANT  
Signature: [Signature] Address: #43 Quezon, Calasiao  
Name in Print: Pedro G. Gabrillo Pangasinan  
Relationship to the child: Father Date: December 06, 1994

21. PREPARED BY  
Signature: [Signature]  
Name in Print: Ginalyn Ungan  
Title or Position: Staff Midwife  
Date: December 06, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature: [Signature]  
Name in Print: ROSARIO E. CRUCIFIX, M.A.  
Title or Position: CITY HEALTH OFFICER AS  
Date: NEAR CIVIL REGISTRAR

FOR OCRG USE ONLY  
Population Reference No.  
518-H984803-9

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

41. 9406726

48. 1

49. 1 06 12 94

56. 5 5 1 8 6

61. 1

62. 0 1 2 7 7 8

68. 1 69. 1

70. 0 1 72. 0 1 74. 0 0

76. 2 9 0 79. 2 3

81. 5 5 1 7 8

86. 1 87. 1

88. X 2 0 91. 2 3

93. 3130

94. 1

05553-AC-999RDP-00342-BI001

BEST POSSIBLE IMAGE



08905539990034203162015001

LJ600074817

BReN  
05518-A94Y605-3

Documentary  
Stamp Tax Paid

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

