		7 - 9 - 9 - 9 - 1		(Copy for Ot	
MU 伊	Neigal Form No. 102 Weed January 1993)	(To	be accomplished in quadruplicat	e) REMARKS/ANNOTATION	
7	Republic of the OFFICE OF THE CIVIL I				
	CERTIFICATE OF	CONTRACTOR DESCRIPTION	BIRTH		
	(fill out completely, accurately and Place X before the appropriate answ	legibly. Use in	ik or typewriter. LATE		
Pro	ovince Card to	1.7	_ Registry No.		
Cit	y/Municipality	1 (12)	96-2957		
	1. NAME	(Middle)	ROS (Legt) ZW	For OCRG USE ONLY: Population Reference No.	
	2. SEX	DATE OF BI	RTH (dayl) (month) freed		
	1 Male 2 Fernale		RTH 4 (day) (month) (see	TO BE FILLED UP AT THE	
H	4. PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) BIRTH House No., Street, Barangay) Desserves, Cavitet Dr. J. as P. Rizal Entieval Medical Research Center, Hespital.			OFFICE OF THE CIVIL REGISTRAR	
				41	
L	5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS		7602957		
0	1 Single 2 Twin 1 First 2 Second 3 Triplet, etc. 3 Others, Specify			A CONTRACTOR OF THE PARTY OF TH	
	c. BIRTH ORDER (live births and fetal deaths d. WEIGHT AT BIRTH		402		
	including this deliver (first, second, third, etc.)	y)	3.06 kgs. grams	1.14	
	[10] 강마리 경기 다른 경기도 하는 것이 그리는 데 그가 있는 데 이번에 있는 데 이번에 그리고 있는데 이번에 가지 않는데 없다.	Middle)	(Last)	49 50	
		oneg .	Alimpires	2 04039	
M	7. CITIZEN SHIPIPING	8.	MEGION		
0	9a. Total number of b. No. of childs	Service Control of the Control of th	C. No. of children	विमिन्दिर	
T H	children born G.Z living include alive: this birth:		born alive but 1:		
E	10. OCCUPATION		11. Age at the time	61	
R	H-W12e of this bith: 32 years				
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)			- 62 64	
	13. NAME (First) (Middle). (Last)			023000	
F	Bormando Abeneja Paulda		64 60		
T	14. CITIZENSHIP	15.	RELIGION		
5	6. OCCUPATION		17. Age at the time of this birth: 41		
R	of this birth: 47 years			8 70 72 74	
	18. DATE AND PLACE OF MARRIAGE OF P	63 67 67			
	Acknowledgment/Admission of Paternity Francis of Carmona Cavitas Septe 30	at the back.)	1	Continue to the second	
	19a. AITENDANT			76 79	
	1 Physician 4 Hilot (Traditional Midwife)	3 Midwit	10 220 32		
	19b. CERTIFICATION OF BIRTH	_ 5 Others (S	pecnyl	81	
	I haseby certify that I attended the birth of the	child who was b	om alive ato'cio	The second secon	
	ampairon the date stated above.	и	R. JPRNJRG, Hespitel.		
	enature Addresser Isas, Card to			86 -87	
	He of Position Physician Date March 4, 1996			1140	
	20. INFORMANT				
	nature Santiay Paulin Address Santiay Paulin				
	ationship to the child Date Date		FIEL CIV.		
	21. PREPARSO BY	22. RECEIVED AT THE OFFICE OF		93	
	( ) )	THE CIVIL REGISTRAR		109-30-91	
	Signature DANEZ COVEZ	Signature			
	Name in Print Title or Position April 23, 1996				
	Date				

05590-FC-144RPI-00734-BI017

**BEST POSSIBLE IMAGE** 



**BReN** 02106-A96F408-4

Documentary Stamp Tax Paid Lisa Draco S. Bersales

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

hiths before 3 August 1988/on or after 3 August	
	MENT/ADMISSION OF PATERNITY
We/I, ents/parent of the child mentioned in this Certif transition contained herein are true and correct to the	and  ficate of Live Birth, do hereby solemnly sweat that the least of our/ny knowledge and belief.
Should it to be	
(Signature of Father)	(Signature of Mother)
mmunity Tax, No.	Community Tax No
te Issued	Place Issued
SUBSCRIBED AND SWORN to before me this	day of, Philippines.
	, Prulippines.
(Signature of Administering Officer)	(Title/Designation)
(Name in Print)	(Address)
applicable for births before 27 February 1931	
AFFIDAVIT FOR DELAYE	ED REGISTRATION OF BIRTH
(Fither the moreon himself if 18 years ald or over	or father/mother/guardian may accomplish this affidevit)
I Merley Paulin	h law, do hereby depose and say:
d with residence and postal address at	1. A. county
	delayed registration of my birth/of the birth of
2 That I/he/she was born on March &	1,1996 at
3 That I/he/she was attended at birth by	
4 That I/he/she is a citizen of file.  5. That my/his/her parents were m	arried onat
LJ na	ot married but was acknowledge by my/his/her father whose
6. That the reason for the delay in register	ring my/his/her birth was due to
7. That a copy of my/his/her birth certific	are is needed for the purpose of
8 (For the applicant only) That I am	married to
(For the father/mother/guardian) T	
	Stapaulor
	(Signature of Affiant)
	(Signature of Affiam) Community Tax No. 7294347 Date Issued
	Community Tax No. 729/347
	Community Tax No. 729/347 Date Issued  Place Issued  Dawairas, Cavile
SUBSCRIBED AND SWORN to before me the	Community Tax No. 729/347 Date Issued  Place Issued  Dawairas, Cavile
SUBSCRIBED AND SWORN to before me th	Signature of Affiem) 729/347 1) Date Issued Place Issued Darmairias, Cavile  15 29 0 day of april 1944
SUBSCRIBED AND SWORN to before me the Brann Con with	Signature of Affiem) 729/347 1) Date Issued Place Issued Darmairias, Cavile  15 29 0 day of april 1944

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