



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

REMARKS/ANNOTATION

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 LOCOS NORTE

Registry No.

City/Municipality D-NGRAS99-263

CHILD	1. NAME (First) (Middle) (Last) <u>ALLYSA MARAE POMPA LABANGCO</u>			
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>3, MAY 1999</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>BRGY. CALA, D-NGRAS LOCOS NORTE</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.			
MOTHER	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		41 <u>99</u> <u>10</u> <u>26</u> <u>3</u> 42 <u>1</u> 43 <u>2</u> <u>0</u> <u>3</u> <u>0</u> <u>5</u> <u>9</u> <u>9</u> 44 <u>1</u> 45 <u>1</u> 46 <u>1</u> <u>2</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> 47 <u>1</u> 48 <u>1</u> 49 <u>1</u> 50 <u>1</u> 51 <u>1</u> 52 <u>1</u> <u>2</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> 53 <u>1</u> 54 <u>1</u> 55 <u>1</u> 56 <u>1</u> 57 <u>1</u> 58 <u>1</u> 59 <u>1</u> 60 <u>1</u> 61 <u>1</u> 62 <u>1</u> 63 <u>1</u> 64 <u>1</u> 65 <u>1</u> 66 <u>1</u> 67 <u>1</u> 68 <u>1</u> 69 <u>1</u> 70 <u>1</u> 71 <u>1</u> 72 <u>1</u> 73 <u>1</u> 74 <u>1</u> 75 <u>1</u> 76 <u>1</u> 77 <u>1</u> 78 <u>1</u> 79 <u>1</u> 80 <u>1</u> 81 <u>1</u> 82 <u>1</u> 83 <u>1</u> 84 <u>1</u> 85 <u>1</u> 86 <u>1</u> 87 <u>1</u> 88 <u>1</u> 89 <u>1</u> 90 <u>1</u> 91 <u>1</u> 92 <u>1</u> 93 <u>1</u> 94 <u>1</u> 95 <u>1</u> 96 <u>1</u> 97 <u>1</u> 98 <u>1</u> 99 <u>1</u>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)			d. WEIGHT AT BIRTH <u>3100</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>CRESCENCIA S. POMPA</u>			
	7. CITIZENSHIP <u>F&L</u>			
FATHER	8. RELIGION <u>ROMAN CATHOLIC</u>		9a. Total number of children born alive: <u>2</u> 9b. No. of children still living including this birth: <u>2</u> 9c. 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>36</u> years 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BRGY. CALA D-NGRAS, LOCOS NORTE</u> 13. NAME (First) (Middle) (Last) <u>GERARDO S. LABANGCO</u> 14. CITIZENSHIP <u>F&L</u> 15. RELIGION <u>ROMAN CATHOLIC</u> 16. OCCUPATION <u>RETIRED MARINE</u> 17. Age at the time of this birth: <u>42</u> years	
	9a. Total number of children born alive: <u>2</u>			
	9b. No. of children still living including this birth: <u>2</u>			
	9c. 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>36</u> years				
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BRGY. CALA D-NGRAS, LOCOS NORTE</u>				
13. NAME (First) (Middle) (Last) <u>GERARDO S. LABANGCO</u>				
14. CITIZENSHIP <u>F&L</u>				
15. RELIGION <u>ROMAN CATHOLIC</u>				
16. OCCUPATION <u>RETIRED MARINE</u>				
17. Age at the time of this birth: <u>42</u> years				

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
APRIL 26, 1986 @ CUR-MAO LOCOS NORTE

19a. ATTENDANT

1 Physician 2 Nurse X 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 2:00am o'clock am/pm on the date stated above.

Signature [Signature]Address BRGY. RONT, D-NGRAS I.N.Name in Print ROSEMARY P. MUNOZDate 5-10-99Title or Position Puericulture Midwife

20. INFORMANT

Signature [Signature]Address BRGY. CALA, D-NGRAS I.N.Name in Print GERARDO S. LABANGCODate 5-10-99Relationship to the child FATHER

21. PREPARED BY

Signature [Signature]

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Name in Print ROSEMARY P. MUNOZSignature [Signature]Title or Position Puericulture MidwifeName in Print ELISA B. ATIENZADate 5-10-00Title or Position Reg. OfficerDate May 11, 1999

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





MUNICIPAL FORM No. 101—(Revised Dec. 1, 1955)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATION)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: _____

(a) Civil Registrar-General No. _____

City or Municipality: _____

(b) Local Civil Registrar No. 468

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE		a. PROVINCE	
b. CITY OR MUNICIPALITY		b. CITY OR MUNICIPALITY	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. NUMBER AND STREET	<u>Bo. Baldias</u>
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	d. IS RESIDENCE INSIDE CITY LIMITS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		e. IS RESIDENCE ON A FARM?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME (Type or print)			
First	Middle	Last	
<u>Mary</u>	<u>Cresencia</u>	<u>Pompa</u>	
4. SEX	5. THIS BIRTH	6. IF TWIN OR TRIPLET, WAS CHILD	7. DATE OF BIRTH
<u>F</u>	SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>8:00 P.M.</u>
			Month <u>5</u> Day <u>31</u> Year <u>62</u>

7. NAME (Type or print)		8. NATIONALITY		9a. RACE	
First	Middle	Last			
<u>Pedro</u>	<u>Pompa</u>	<u>Aglipayan</u>			
9. AGE (At time of this birth)	10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
Years <u>23</u>		<u>Farmer</u>			

12. MOTHER'S NAME (Type or print)		13. NATIONALITY		13a. RACE	
First	Middle	Last			
<u>Lupina</u>	<u>Sagaden</u>	<u>Aglipayan</u>			
14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)			
Years <u>22</u>		<u>1st</u>			

17a. INFORMANT'S SIGNATURE:			17b. How many children are now living?			17c. How many other children were born alive but are now dead?			17d. How many fetal deaths (miscarriages) born dead any time after conception?		
1. NAME IN PRINT: <u>M. B. Valera</u>											
2. ADDRESS:											

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.		20. DATE SIGNED BY ATTENDANT AT BIRTH:	
a. SIGNATURE:		a. TITLE OF ATTENDANT AT BIRTH:	
b. NAME IN PRINT:		<input type="checkbox"/> M. D. <input type="checkbox"/> MIDWIFE	
c. ADDRESS:		<input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify)	

21. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		22. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE:		b. DATE WHEN GIVEN NAME WAS SUPPLIED:	
b. NAME IN PRINT: <u>Victoria M. Jara</u>			
c. TITLE OR POSITION:			
d. DATE:			

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. LEGITIMACY
COMPLETED WEEKS.	Lbs. _____ Oz. _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)	25. THIS CERTIFICATE IS PREPARED BY:
(Month) _____ (Date) _____ (Year) _____	SIGNATURE: _____
City or Municipality _____, Province _____	NAME IN PRINT: _____
	TITLE OR POSITION: _____
	DATE: _____

18-239

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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

CERTIFICATE OF LIVE-BIRTH

(To be accomplished in Duplicate)

Register Number:

Province: **Ilocos Norte**

(a) Civil Registrar General No.

City or Municipality: **Currimao**(b) Local Civil Registrar No. **37**

1. PLACE OF BIRTH a. PROVINCE Ilocos Norte b. CITY, TOWN, OR LOCATION Currimao	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. PROVINCE Ilocos Norte b. CITY, TOWN, OR LOCATION Currimao c. STREET
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. DATE AND PLACE OF MARRIAGE (for legitimate birth) February 26, 1949 Currimao, I.N.
d. IN PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or print) First Middle Last **Gerardo Baddo Labangco**4. SEX **Male** 5a. TYPE OF BIRTH Single ☒ Twin ☐ Triplet ☐ 5b. IF TWIN OR TRIPLET, W/S CHILD 1st ☐ 2d ☐ 3rd ☐ 6. DATE OF BIRTH Month Day Year **April 9, 1957**7. NAME First Middle Last **Juan Labangco** 8. NATIONALITY & RACE **Filipino Brown**9. AGE (At time of this birth) **33** Years 10. BIRTHPLACE **Currimao, I.N.** 11a. USUAL OCCUPATION **Farmer** 11b. KIND OF BUSINESS OR INDUSTRY12. MOTHER'S NAME First Middle Last **Eorota Baddo** 13. NATIONALITY & RACE **Filipino Brown**14. AGE (At time of this birth) **31** Years 15. BIRTHPLACE **Santa Cruz, Currimao, I.N.** 16. PREVIOUS DELIVERIES TO MOTHER (Do Not include this birth) **6th - (6)**17a. INFORMANT'S SIGNATURE: 17b. How many other children are now living? **6** 17c. How many other children were born but are now dead? **None** 17d. How many fetal deaths (fetuses born dead at any time after conception)? **None**18. NAME IN PRINT: **Mrs. Resurreccion T. Menor** 19. ADDRESS: **Currimao, I.N.**20. MOTHER'S MAILING ADDRESS: **Sta. Cruz, Currimao, I.N.**

I hereby certify that this child was born alive on the date stated above, and is legitimated to the undersigned.

16a. SIGNATURE: 16b. NAME IN PRINT: **REYES JUDALINA** 16c. POSITION: **Treas. & Local Civil Reg.**17. DATE RECEIVED BY LOCAL CIVIL REGISTRAR: **April 11, 1957** 18. DATE ON WHICH GIVEN NAME ADDED (If registered only) By (Registrar)

FOR MEDICAL AND HEALTH USE ONLY (This section may be filled out)

21a. LENGTH OF PREGNANCY (Completed weeks) 21b. WEIGHT AT BIRTH 21c. LEGITIMATE 21d. How would you describe the child's health?

22. SPACE FOR ADDITION OF MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

23. TO THE REGISTRATION OF BIRTH MUST BE GIVEN BY THE CERTIFICATE BE SENT TO THE LOCAL CIVIL REGISTRAR OF THE CITY, MUNICIPALITY OR MUNICIPAL DISTRICT WHERE THE CHILD WAS BORN WITHIN 30 DAYS FROM THE DATE OF BIRTH. FAILURE TO DO SO IS PUNISHABLE BY A FINE OF NOT LESS THAN P10 nor more than P200. (Act 3763, sections 6 and 17.)

TO BE FILLED ACCURATELY

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National Statistician and Civil Registrar General
Philippine Statistics Authority