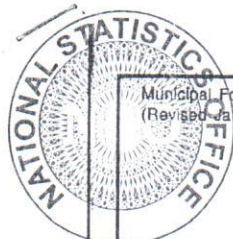


(Copy for OCRG)

Municipal 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 <u>METRO MANILA</u>		Registry No. <u>201-4673</u>	<b>REMARKS/ANNOTATION</b>  <b>DELAYED REGISTRATION</b>
City/Municipality <u>MAKATI CITY</u>			
<b>C H I L D</b>	1. NAME (First) (Middle) (Last) <u>ERLINDA</u> <u>BENITO</u> <u>MANATAD</u>		<b>FOR OCRG USE ONLY:</b> Population Reference No.  <b>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</b>
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		
	3. DATE OF BIRTH (day) (month) (year) <u>24 February 1959</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>J.B. Roxas St. Brgy Olympia, Makati Rizal</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
<b>M O T H E R</b>	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others. Specify		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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	6. MAIDEN NAME (First) (Middle) (Last) <u>Antonina</u> <u>Lagarto</u> <u>Benito</u>		
	7. CITIZENSHIP <u>Filipino</u>		
	8. RELIGION <u>Catholic</u>		
	9a. Total number of children born alive <u>09</u>		
	b. No. of children still living including this birth: <u>05</u>		
	c. No. of children born alive but are now dead: <u>04</u>		
	10. OCCUPATION <u>Housewife</u>		
	11. Age at the time of this birth: <u>33</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>J.B. Roxas St. Brgy Olympia, Makati Rizal</u>		
<b>F A T H E R</b>	13. NAME (First) (Middle) (Last) <u>Gregorio</u> <u>Agbonis</u> <u>Manatad</u>		
	14. CITIZENSHIP <u>Filipino</u>		
	15. RELIGION <u>Catholic</u>		
16. OCCUPATION <u>Watch Repaire</u>		17. Age at the time of this birth: <u>38</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>July 01, 1950 - Municipal Court Br IV Manila</u>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:50 AM</u> o'clock am/pm on the date stated above. <b>Deceased at the time of Registration</b> Signature <u>of</u> Address <u>N/A</u> Name in Print <u>JUANA LAGARTO</u> Title or Position <u>Hilot</u> Date <u>N/A</u>			
20. INFORMANT Signature <u>[Signature]</u> Address <u>Blk14 Lot20A Cadena De Amor St. Ches I Trece Martines</u> Name in Print <u>ERLINDA M. GAYATAQ</u> Date <u>June 13, 2011</u> Relationship to the child <u>Myself</u> <u>Cavite</u>			
21. PREPARED BY Signature <u>[Signature]</u> Address <u>Blk14 Lot20A Cadena De Amor St. Ches I Trece Martines</u> Name in Print <u>J. R. IBANEZ</u> Date <u>June 13, 2011</u> Title or Position <u>UW - II</u>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>Blk14 Lot20A Cadena De Amor St. Ches I Trece Martines</u> Name in Print <u>JOSEPHINE CAMATA-COPADA</u> Date <u>June 13, 2011</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>June 13, 2011</u>			

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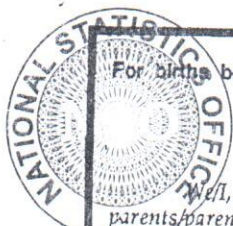
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Documentary  
Stamp Tax Paid

*Carmelita N. ERICTA*  
CARMELITA N. ERICTA

Administrator and Civil Registrar General  
National Statistics Office





For births before 3 August 1988/on or after 3 August 1988

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, \_\_\_\_\_ and \_\_\_\_\_  
 parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
 information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, Erlinda M. Gayatao, of legal age, single/married  
 and with residence and postal address Blk 44 Lot 20A Cadena De Amor Chesl TMC, Cavite,  
 after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That I/he/she was born on February 24, 1959 at J.B. Roxas St Olympia, Makati
3. That I/he/she was attended at birth by Juana Lagarto-Hilot who resides at Rizal
4. That I/he/she is a citizen of the Phils
5. That my/his/her parents were Deceased married on July 01, 1950 at Manila  
☐ not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to my negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of records
8. ☐ (For the applicant only) That I am married to \_\_\_\_\_  
☒ (For the father/mother/guardian) That I am the registrant of the said person.

(Signature of Affiant)

Community Tax No. 24706385Date Issued 06-13-11Place Issued Makati City

SUBSCRIBED AND SWORN to before me this 43th day of June 2011  
 at Makati City, Philippines.

(Signature of Administering Officer)

CITY CIVIL REGISTRAR  
(Title/Designation)

JOSEPHINE CAMATA-COPADA

(Name in Print)

CI MAKATI CITY  
(Address)

04511-16-144RPI-00681-BI003

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Carmelita N. ERICTA  
 CARMELITA N. ERICTA  
 Administrator and Civil Registrar General  
 National Statistics Office

