

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for ORCG)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

		REMARKS/ANNOTATION
Province <u>PAMPANGA</u>		
City/Municipality <u>SAN FERNANDO</u> Registry No. <u>93-5815</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>ERIO</u> <u>OUBACUB</u> <u>MANALANSAN</u>	For ORCG USE ONLY: Population Reference No.
	2. SEX <input checked="" type="checkbox"/> 1. MALE <input type="checkbox"/> 2. FEMALE	TO BE FILLED UP AT THE OFFICE OF CIVIL REGISTRAR
	3. DATE OF BIRTH (day) (month) (year) <u>25</u> <u>NOVEMBER</u> <u>1979</u>	
	4. PLACE OF BIRTH (Name of hospital/ Clinic/Institution/ (City/Municipality) (Province) House No. Street, barangay) <u>STO NIÑO, SAN FERNANDO PAMPANGA</u>	
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplets Etc.	
	B. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> 1 first <input type="checkbox"/> 2 second <input type="checkbox"/> 3 Others, Specify	
C. BIRTH ORDER <u>1ST</u> (live B and fetal deaths including this delivery) (First, second, third, etc.)	D. WEIGHT AT BIRTH <u>952.54</u> grams	
MOTHER	6. MAIDEN (First) (Middle) (Last) NAME <u>ESTELITA</u> <u>OUBACUB</u>	
	7. CITIZENSHIP <u>MANALANSAN</u> <u>FILIPINO</u>	D. RELIGION <u>ROMAN CATHOLIC</u>
	9a. Total Number of children born Alive: <u>4</u>	B. No of children still living including this birth: <u>4</u>
	C. No. Of children born alive but are now dead <u>0</u>	
	10. OCCUPATION <u>HOUSE WIFE</u>	11. Age at the time of this birth <u>25</u>
	12. RESIDENCE House No. Street, Barangay (City/Municipality) (Province) <u>STA CRUZ LUBAO PAMPANGA</u>	
FATHER	13. NAME (First) (Middle) (Last) <u>RICARDO</u> <u>CORDOVA</u> <u>MANALANSA</u>	
	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>
	16. OCCUPATION <u>DRIVER</u>	17. Age at the time of this birth <u>27</u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledge/Admissions of Paternity at the back.) <u>FEBRUARY 14, 1978</u>		
19a. ATTENDANT <u>LUBAO PAMPANGA</u> <input checked="" type="checkbox"/> 1. Physicians <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional) <input type="checkbox"/> 5. Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who will born at <u>4:45</u> o'clock am/pm on the date stated above.		
Signature <u>R. Delacruz</u> Address <u>SAME AS ABOVE</u> Name in Print <u>RITA MAE DELA CRUZ PH.D.</u> Relationship to the child <u>PHYSICIAN</u> Date <u>DECEMBER 11, 2023</u>		
20. INFORMANT Signature <u>R. Delacruz</u> Address <u>SAME AS ABOVE</u> Name in Print <u>RICARDO C. MANALANSAN</u> Relationship to the child <u>FATHER</u> Date <u>MAY 28, 2019</u>		
21. PREPARED BY Signature <u>L. Reyes</u> Name in Print <u>MARRY REYES</u> Title or position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>DECEMBER 20, 2023</u>		
22. RECEIVER AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>ASL. D. MANALANSAN</u> Name in Print <u>ASL. D. MANALANSAN</u> Title or position <u>MUNICIPAL REGISTRAR</u> Date <u>MAY 28, 2019</u>		

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BEST POSSIBLE IMAGE

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Documentary  
Stamp Tax PaidClaire Dennis S. Mapa, Ph.D.  
National Statistics and CRN Registrar General  
Philippines Statistics Authority