



(COPY FOR OCRG)

 LR 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, 3a, 5b and 18a)

 Province **METRO MANILA** Registry No. **2016-31058**
 City/Municipality **QUEZON CITY**

CHILD	1. NAME (First) (Middle) (Last) JETT ANDERSON REDONA LAGUERTA
	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	3. DATE OF BIRTH (Day) (Month) (Year) 18 MAY 2016
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) UNITED DOCTORS MEDICAL CENTER, QUEZON CITY
MOTHER	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, 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 (Give birth and胎次 including this delivery) (First, second, third, etc.) FIRST
	d. WEIGHT AT BIRTH 3.4 KG () grams
FATHER	6. MAIDEN NAME (First) (Middle) (Last) JONALYN MAULIT REDONA
	7. CITIZENSHIP FILIPINO
	8. RELIGION ROMAN CATHOLIC
	9a. Total number of children born alive 1 b. No. of children living including this birth c. No. of children born alive but are now dead 0
	10. OCCUPATION HOUSEWIFE
	11. Age at the time of this birth 32 years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY
	13. NAME (First) (Middle) (Last) JASPER LAINEZ LAGUERTA
	14. CITIZENSHIP FILIPINO
	15. RELIGION ROMAN CATHOLIC
	16. OCCUPATION ARCHITECT
	17. Age at the time of this birth 33 years

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

NOT MARRIED
 19a. ATTENDANT
☒ 1. Midwife ☐ 2. Nurse ☐ 3. Mother
☐ 4. Healer (Traditional Medicine) ☐ 5. Others (Specify)

 19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at **3:54 AM** o'clock
 on **18 MAY 2016** at **UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY**

 Signature *[Signature]* Address **CALIDOC G. N. RAMIREZ ST., ROTONDA, QUEZON CITY**
 Name in Print **DR. MARIA ELEANOR BIZARES**
 Title or Position **OB-GYN CONSULTANT** Date **18 MAY 2016**

 20. INFORMANT
 Signature *[Signature]* Address **UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY**
 Name in Print **JONALYN M. REDONA** Date **18 MAY 2016**
 Relationship to the Child **MOTHER**

 21. PREPARED BY
 Signature *[Signature]*
 Name in Print **CATHLEN ANN A. TATEL**
 Title or Position **ADMITTING PERSONNEL**
 Date **19 MAY 2016**

 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature *[Signature]*
 Name in Print **JOSEPH B. REDONIA JR.**
 Title or Position **SOUTH DIVISION**
 Date **19 MAY 2016**

REMARKS/ANNOTATION

FOR OCRG USE ONLY:
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41					
48	1				
49	1	8	0	5	16
50					
51	1				
52	0	1	2	1	0
53	0	0	1	0	8
54					
55					
56	0	1	0	0	8
57					
58	0	1	0	0	8
59					
60	0	1	0	0	8
61					
62	0	1	2	1	0
63					
64	0	1	0	0	8
65					
66	0	1	0	0	8
67					
68	0	1	0	0	8
69					
70	0	1	0	0	8
71					
72	0	1	0	0	8
73					
74	0	1	0	0	8
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76	0	1	0	0	8
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78	0	1	0	0	8
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80	0	1	0	0	8
81					
82	0	1	0	0	8
83					
84	0	1	0	0	8
85					
86	0	1	0	0	8
87					
88	0	1	0	0	8
89					
90	0	1	0	0	8

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



(COPY FOR OCRG)

 LR-1000 Form No. 102
 (Revised January 1993)

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 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly. Use ink or typewriter.
 Make X before the appropriate answer in items 2, 5a, 6b and 18a)

 Province **METRO MANILA** Registry No. **2016-31058**
 City/Municipality **QUEZON CITY**

 1. NAME (First) (Middle) (Last)
JETT ANDERSON REDONA LAGUERTA

 2. SEX ☒ Male ☐ Female 3. DATE OF BIRTH (Day) (Month) (Year)
18 MAY 2016

 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
UNITED DOCTORS MEDICAL CENTER, QUEZON CITY

 5a. TYPE OF BIRTH ☒ Single ☐ Twin ☐ Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
☐ First ☐ Second ☐ Other: Specify

 c. BIRTH ORDER (Give birth and fetal deaths including this delivery) (First, second, third, etc.) d. WEIGHT AT BIRTH
FIRST 3.4 KG () grams

 6. MAIDEN NAME (First) (Middle) (Last)
JONALYN MAULIT REDONA

 7. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

 9a. Total number of children born alive **1** b. No. of children living including this birth **0** c. No. of children born alive but are now dead **0**

 10. OCCUPATION **HOUSEWIFE** 11. Age at the time of this birth **32 years**

 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY

 13. NAME (First) (Middle) (Last)
JASPER LAINEZ LAGUERTA

 14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN CATHOLIC**

 16. OCCUPATION **ARCHITECT** 17. Age at the time of this birth **33 years**

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

NOT MARRIED
 19a. ATTENDANT ☒ 1. Midwife ☐ 2. Nurse ☐ 3. Mother ☐ 4. Healer (Traditional Medicine) ☐ 5. Other(s) (Specify)

 19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at **3:54 AM** o'clock on **18 MAY 2016** at **UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY**)

 Signature **Maria Eleanor Bizarres** Address **CALIDOC G. N. RAMIREZ ST., ROTONDA, QUEZON CITY**

 Name in Print **MARIA ELEANOR BIZARES** Title or Position **OB-GYN CONSULTANT** Date **18 MAY 2016**

 20. INFORMANT Signature **Jonalyn M. Redona** Address **UNIT 431 BREZZO BLDG., CAPRI OASIS DR., SIXTO ANTONIO AVE., MAYBUNGA, PASIG CITY**

 Name in Print **JONALYN M. REDONA** Date **18 MAY 2016**

 Relationship to the Child **MOTHER**

 21. PREPARED BY Signature **Cathleen Ann A. Tatei**

 Name in Print **CATHLEEN ANN A. TATEI**

 Title or Position **ADMITTING PERSONNEL**

 Date **19 MAY 2016**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

 Signature **JOSETE REYNOLDO JR.**

 Name in Print **JOSETE REYNOLDO JR.**

 Title or Position **SECTION CHIEF, CIVIL DIVISION**

 Date **19 MAY 2016**

REMARKS/ANNOTATION

FOR OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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