

Municipal Form No. 102
(Revised January 2007)
 Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

Province METRO MANILA		Registry No. 2014-01548		
City/Municipality QUEZON CITY				
CHILD	1. NAME (First) REYNALYN (Middle) (Last) SUMALA			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 14 (Month) APRIL (Year) 2014		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) EAST AVENUE MEDICAL CENTER - EAST AVENUE, QUEZON CITY (City/Municipality) (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of the birth in previous live births including fetal death) (First, Second, Third, etc.) 7th	6. WEIGHT AT BIRTH 3100 grams
MOTHER	7. MOTHER NAME (First) ARLENE (Middle) GAMBOA (Last) SUMALA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 7	10b. No. of children still living including this birth 7	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE
	12. AGE at the time of this birth (completed years) 30			
FATHER	13. RESIDENCE (House No., St., Barangay) PASONG TANO, TANDANG SORA, QUEZON CITY METRO MANILA PHILIPPINES (City/Municipality) (Province) (Country)			
	14. NAME (First) RODEL (Middle) (Last) HIPAGA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	17. OCCUPATION DRIVER		18. AGE at the time of this birth (completed years) 31	
19. RESIDENCE (House No., St., Barangay) PASONG TANO, TANDANG SORA, QUEZON CITY METRO MANILA PHILIPPINES (City/Municipality) (Province) (Country)				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) MARRIED 20b. PLACE (City / Municipality) (Province) (Country)				
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Midot, etc.) I hereby certify that I attended the birth of the child who was born alive at 11:49 a.m. am/pm on the date of birth specified above.				
Signature [Signature]		Address EAST AVENUE MEDICAL CENTER EAST AVENUE, QUEZON CITY		
Name in Print CARMELITA P. HERNANDEZ		Date APRIL 14, 2014		
Title or Position MEDICAL OFFICER III				
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge				
Signature [Signature]		Signature [Signature]		
Name in Print ARLENE G. SUMALA		Name in Print JONICA C. ANG		
Relationship to the Child MOTHER		Title or Position STAFF-RECORD DEPT.		
Address PASONG TANO, TANDANG SORA, QUEZON CITY		Date APRIL 14, 2014		
Date APRIL 14, 2014				
23. PREPARED BY				
Signature [Signature]		Signature [Signature]		
Name in Print MARIA JOSEFA ENCARNACION A. OCAMPO		Name in Print MARIA JOSEFA ENCARNACION A. OCAMPO		
Title or Position CITY CIVIL REGISTRAR		Title or Position CITY CIVIL REGISTRAR		
Date MAY 30, 2014		Date MAY 30, 2014		
24. RECEIVED BY				
Signature [Signature]		Signature [Signature]		
Name in Print MARILYN A. BRINCEPE		Name in Print MARILYN A. BRINCEPE		
Title or Position CLERK		Title or Position CLERK		
Date MAY 30, 2014		Date MAY 30, 2014		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
<div style="display: flex; justify-content: space-between;"> <div> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> </div> <div> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> </div> </div>				


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 MARIA JOSEFA ENCARNACION A. OCAMPO