

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

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 **ZAMBALES**

Registry No.

City/Municipality **OLONGAPO CITY****202-1281**

C H I L D	1. NAME (First) (Middle) (Last) <b>JOHN CARLO DADOR RAMOS</b>		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>8 MARCH 2002</b>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <b>MOTHER AND CHILD HOSPITAL OLONGAPO CITY ZAMBALES</b>		
	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 _____		
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <b>FIRST</b>		d. WEIGHT AT BIRTH <b>3062</b> grams
	6. MAIDEN NAME (First) (Middle) (Last) <b>WILMA ARMADA DADOR</b>		
	7. CITIZENSHIP <b>FILIPINO</b>		8. RELIGION <b>CATHOLIC</b>
	9a. Total number of children born alive: <b>1</b>		b. No. of children still living including this birth: <b>1</b>
F A T H E R	10. OCCUPATION <b>CASHIER</b>		11. Age at the time of this birth: <b>30</b> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>1120 STA. RITA ROAD, OLONGAPO CITY</b>		
	13. NAME (First) (Middle) (Last) <b>CARLITO OBERES RAMOS</b>		
	14. CITIZENSHIP <b>FILIPINO</b>		15. RELIGION <b>CATHOLIC</b>
16. OCCUPATION <b>PUBLIC UTILITY DRIVER</b>		17. Age at the time of this birth: <b>30</b> years	

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

**06 JUNE 2001, HALL OF JUSTICE OLONGAPO CITY**

19a. ATTENDANT

☒ 1 Physician ☐ 2 Nurse ☐ 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 **5:08 AM** o'clock  
am/pm on the date stated above.

Signature *[Signature]*  
Name in Print **SALOME T. YESI MD**  
Title or Position **PHYSICIAN**

Address **75 KESING ST. NEW**  
**ASTIVAN OLONGAPO CITY**  
Date **10 MARCH 2002**

20. INFORMANT

Signature *[Signature]*  
Name in Print **CARLITO RAMOS**  
Relationship to the child **FATHER**

Address **1120 STA. RITA ROAD**  
**OLONGAPO CITY**  
Date **10 MARCH 2002**

21. PREPARED BY

Signature *[Signature]*  
Name in Print **ANNABELLE A. MONSALUD**  
Title or Position **X-RAY TECHNOLOGIST**  
Date **10 MARCH 2002**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature *[Signature]*  
Name in Print **MA. GILBERTO M. FRANCISCO, M.I.**  
Title or Position **ASST. CITY HEALTH OFFICER & DEPUTY CLERK**  
Date **MAR 11 2002**

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

41

48

49

56

61

62

68

70

76

81

86

88

93

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64

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72

79

87

91

**03040**

07314-CC-142ALA-00556-BI005

BEST POSSIBLE IMAGE



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A0700544529

BReN

07107-B02E808-1

Documentary  
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

