

TECHNOLOGICAL  
INSTITUTE OF THE  
PHILIPPINES  
QUEZON CITY



STUDENT  
NUMBER

1313617

**VALIDATION**  
2nd Sem SY 2019-2020

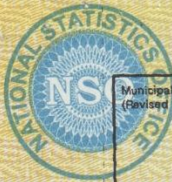
JAYSON A. BORRAS

*Jayson A. Borrás*

SIGNATURE

CIVIL ENGINEERING




 Municipal Form No. 102  
 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

 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>Petro Manila</u>		Registry No. <u>50879</u>	
City/Municipality <u>Quezon City</u>			
1. NAME (First) <u>Jayson</u> (Middle) <u>Andaya</u> (Last) <u>Borras</u>		For OCRG USE ONLY: Population Reference No. <u>                    </u>	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>27</u> <u>August</u> <u>1996</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Nelave Medical &amp; Maternity Clinic 99-Nelave St. Proj. 3, Q.C.</u> (City/Municipality) (Province)		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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 (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>5.2 lbs.</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Ms. Alona Ubayon Andaya</u>		41 <u>9650879</u>	
7. CITIZENSHIP <u>Filipino</u>		48 <input type="checkbox"/>	
8. RELIGION <u>Catholic</u>		49 <input type="checkbox"/> 50 <u>270896</u>	
9a. Total number of children born alive: <u>1</u>		56 <u>96095</u>	
b. No. of children still living including this birth: <u>1</u>		61 <input type="checkbox"/>	
c. No. of children born alive but are now dead: <u>0</u>		62 <input type="checkbox"/> 64 <u>972679</u>	
10. OCCUPATION <u>Employee</u>		68 <input type="checkbox"/> 69 <input type="checkbox"/>	
11. Age at the time of this birth: <u>27</u> years		70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 <u>070</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>26 Palosapis St. Proj. 3, Q.C.</u>		76 <input checked="" type="checkbox"/> 78 <u>27</u>	
13. NAME (First) (Middle) (Last) <u>Jaime Perez Borras Jr.</u>		81 <u>970972</u>	
14. CITIZENSHIP <u>Filipino</u>		86 <input type="checkbox"/> 87 <input type="checkbox"/> <b>2380</b>	
15. RELIGION <u>Catholic</u>		88 <input type="checkbox"/> 91 <u>18</u>	
16. OCCUPATION <u>Cook</u>		93 <input type="checkbox"/> 94 <input type="checkbox"/> <u>08796</u>	
17. Age at the time of this birth: <u>18</u> years		96 <input type="checkbox"/> 97 <input type="checkbox"/> <u>1042</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>August 15, 1996 St. Joseph Church, Proj. 3, Q.C.</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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>7:33 P.M.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>Dr. Diva C. Bugal</u> Title or Position <u>Physician</u>		Address <u>99 Nelave St. Proj. 3, Q.C.</u> Date <u>9/24/96</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>Jaime Borras Jr.</u> Relationship to the child <u>Father</u>			
Address <u>26 Palosapis St. Proj. 3, Q.C.</u> Date <u>9/24/96</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Dr. Diva C. Bugal</u> Title or Position <u>Physician</u> Date <u>9/24/96</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>MARITA P. ARANA</u> Title or Position <u>Civil Registrar</u> Date <u>9/24/96</u>	

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BEST POSSIBLE IMAGE



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

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