


 Municipal Form No. 102
 (Revised January 1995)

(To be accomplished)

 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 2 before the appropriate answer in Items 1, 2a, 3a, 5a, 6a and 12a.)


Province _____		City/Municipality <u>Davao City</u>		Registry No. <u>2001-0002</u>
CHILD	1. NAME First <u>ARIELA</u> Middle <u>TEJO</u> Last <u>GAPAROSO</u>			
	2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female <input type="checkbox"/>	3. DATE OF BIRTH day month year <u>11</u> <u>October</u> <u>2001</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>DAVAO MEDICAL CENTER HOSPITAL</u>			
	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/> b. IF MULTIPLE BIRTH CHILD WAS 1 First <input checked="" type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other, Specify _____			
MOTHER	6. MAIDEN NAME First <u>ELISA</u> Middle <u>ALMEJORAS</u> Last <u>TEJO</u>			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>	
	9a. Total number of children born alive: <u>4</u>		9b. No. of children still living including this birth: <u>4</u>	
	10. OCCUPATION <u>Teacher</u>		11. Age at the time of this birth: <u>42</u> years	
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bartolome, N. Guinsaan, Tagbick, Davao City</u>			
	13. NAME First <u>ARAPAK</u> Middle <u>ROMAYTA</u> Last <u>GAPAROSO</u>			
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>	
	16. OCCUPATION <u>Farmer</u>		17. Age at the time of this birth: <u>44</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Jan. 18, 1992 - Davao City</u>				
19a. ATTENDANT 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Healer) <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>7:00AM</u> o'clock anytime on the date stated above.				
Signature _____ Address <u>Davao Medical Center</u> Name in Print <u>FLORIANITA SORIANO APASOL, M.D.</u> Davao City Title or Position <u>Resident Physician</u> Date <u>15 Oct. 2001</u>				
20. INFORMANT Signature _____ Address <u>Bartolome, N. Guinsaan</u> Name in Print <u>ELISA T. GAPAROSO</u> Tagbick, Davao City Relationship to the child <u>mother</u> Date <u>12 Oct. 2001</u>				
21. PREPARED BY Signature _____ Name in Print <u>ISAAC P. LAMARCA</u> Title or Position <u>CLERK I</u> Date <u>15 Oct. 2001</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>CLAUDIA O. CASARUBA</u> Title or Position <u>Administrative Officer III</u> Date <u>OCT 30 2001</u> <u>Chief Birth Registrar</u>				

For Civil Registrar's Office

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BEST POSSIBLE IMAGE



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