



Municipal Form No. 102 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL	
Province LAGUNA		Registry No. 2017-645	
City/Municipality CITY OF SANTA ROSA			
CHILD	1. NAME (First) (Middle) (Last) ZACH EZEKIEL RAMIREZ RATONEL		
	2. SEX (Male / Female) Male 3. DATE OF BIRTH (Day) (Month) (Year) 03 February 2017		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) Santa Rosa Hospital and Medical Center Balibago City of Santa Rosa Laguna		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) Not Applicable 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) Second 6. WEIGHT AT BIRTH 3490 grams		
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) MANILYN BONSOL RAMIREZ		
	8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Aglipay		
	10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION Sales Staff 12. AGE at the time of this birth (completed years) 24		
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) B2 L34 P8 Geneva St. Garden Villas 3 City of Santa Rosa Laguna Philippines		
FATHER	14. NAME (First) (Middle) (Last) JOHN ALBERT VOLANTE RATONEL		
	15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Quality Assurance Technician 18. AGE at the time of this birth (completed years) 25		
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) B2 L34 P8 Geneva St. Garden Villas 3 City of Santa Rosa Laguna Philippines		
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) September 03 2016 20b. PLACE (City / Municipality) (Province) (Country) Paete Laguna Philippines			
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 11:33 AM on the date of birth specified above.			
Signature _____ Address c/o SRHMC - Balibago Name in Print Ma. Victoria R. Barqueros, M.D. City of Santa Rosa Laguna Title or Position OB-Gyn Date February 04 2017			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____ Name in Print Manilyn R. Ratonel Relationship to the Child Mother Address Malusak, City of Santa Rosa, Laguna Date February 04 2017		Signature _____ Name in Print Annelyn S. Alcantara Title or Position Medical Records Staff Date February 04 2017	
24. RECEIVED BY Signature _____ Name in Print MARITES B. BA-OC Title or Position ADMIN. ASST. I Date FEB 09 2017		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print MYLENE S. GONZALES Title or Position CITY CIVIL REGISTRAR Date FEB 09 2017	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19 01 01 5 22 6080 34:28 01 08 311 6080 34:28			

06582-OB-145JBD-00423-BI002

BEST POSSIBLE IMAGE

T145065821450042301082018002
SL700169280BRen
03428-B17C304-7Documentary
Stamp Tax Paid

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

