

(Copy for OCR)

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 _____ Registry No. 7003-10631
City/Municipality MANILA

1. NAME (First) (Middle) (Last)
DANIEL BORLEO MENDOZA

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
6 JANUARY 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
JOSE PABELLA MEMORIAL HOSPITAL
Lope de Vega St., Sta. Cruz, Manila

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.)
FIRST d. WEIGHT AT BIRTH
2205 grams

6. MAIDEN NAME (First) (Middle) (Last)
SHIRLEY BORLEO MENDOZA

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
23-A OPAL ST. PANGILINAN COMPD. PROJ. 5, QUEZON CITY

13. NAME (First) (Middle) (Last)
DIONISIO - PELAEZ

14. CITIZENSHIP FILIPINO 15. RELIGION CATHOLIC

16. OCCUPATION FAMILY DRIVER 17. Age at the time of this birth: 34 years

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

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Healer (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 1105 AM on the date stated above.

Signature ANGELINE M. M.D. DR. JOSE PABELLA MEMORIAL HOSPITAL
Lope de Vega St., Sta. Cruz, Manila

Name in Print ANGELINE M. M.D. Date JAN. 6, 2003

20. INFORMANT
Signature SHIRLEY MENDOZA Address SAME AS ABOVE
Name in Print SHIRLEY MENDOZA Date JAN. 6, 2003
Relationship to the child MOTHER

21. PREPARED BY
Signature R. S. S. S. Address SAME AS ABOVE
Name in Print R. S. S. S. Date JAN. 30, 2003
Title or Position CLERK

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature GLORIA L. PAGOLAN
Name in Print GLORIA L. PAGOLAN
Title or Position CITY CIVIL REGISTRAR
Date FEB 06 2003

REMARKS: LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON SEPTEMBER 28, 2003 AT QUEZON CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: DANIEL MENDOZA PELAEZ

CERTIFIED CORRECT:

ADORACION M. VILLANUEVA

Archivist II

07727-63-003RGN-00594-BI001

BEST POSSIBLE IMAGE



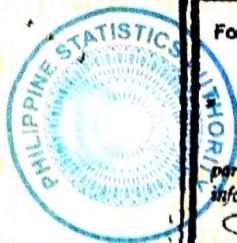
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, DONALDO S. PELAEZ and N/A
 parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the
 information contained herein are true and correct to the best of my/my knowledge and belief

(Signature of Father) _____ (Signature of Mother) _____
 Community Tax No. 123456713 _____
 Date Issued 01-06-03 _____
 Place Issued MANILA _____

SUBSCRIBED AND SWORN to before me this 31 day of FEBRUARY 2003
 at _____, Philippines.

(Signature of Administering Officer) _____ (Title/Designation) _____
JANIFER T. NARAYE _____
 (Name in Print) _____ (Address) _____

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married
 and with residence and postal address at _____
 after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were ☐ married on _____ at _____
☐ not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. ☐ (For the applicant only) That I am married to _____
☐ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant) _____
 Community Tax No. _____
 Date Issued _____
 Place Issued _____
 SUBSCRIBED AND SWORN to before me this _____ day of _____
 at _____, Philippines.

(Signature of Administering Officer) _____ (Title/Designation) _____
 (Name in Print) _____ (Address) _____

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CSM
 CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

