

(Copy for OCRG)


 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 Metro Manila		Registry No. 2004-1399
City/Municipality San Juan		
1. NAME (First) GIAN KARLO (Middle) VILLACOTE (Last) RAMOS		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) 29 January 2004
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) St. Martin De Porres Charity Hospital San Juan, M.M.		
5a. TYPE OF BIRTH <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. 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) (first, second, third, etc.) 3rd.		d. WEIGHT AT BIRTH 7.1 lbs.
6. MAIDEN NAME (First) HAYDES (Middle) AJUSAN (Last) VILLACOTE		
7. CITIZENSHIP Filipino		8. RELIGION Catholic
9a. Total number of children born alive: 2	b. No. of children still living including this birth: 2	c. No. of children born alive but are now dead: 0
10. OCCUPATION Housewife		11. Age at the time of this birth: 30 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 3550-2nd St. Mag-Imperial Bacoed Sta. Mesa, M.		
13. NAME (First) ABNER (Middle) BALTAZAR (Last) RAMOS		
14. CITIZENSHIP Filipino		15. RELIGION Catholic
16. OCCUPATION Salesman		17. Age at the time of this birth: 53 years
18. DATE AND PLACE OF MARRIAGE OF PARENTS. (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) OCTOBER 16, 1997-R.T.C. QUEZON CITY		
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midwife (Traditional) <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 12:07 o'clock on the date stated above.		
Signature NADIA LOURDES MANUCAT Name in Print NADIA LOURDES MANUCAT Title or Position PHYSICIAN		Address St. San Juan, M.M. Date JANUARY 29, 2004
20. INFORMANT Signature ABNER B. RAMOS Name in Print ABNER B. RAMOS Relationship to the child FATHER		Address 3550-2nd St. Mag-Imperial Bacoed Sta. Mesa, M.M. Date JANUARY 29, 2004
21. PREPARED BY Signature Consuelo R. Degrito Name in Print Consuelo R. Degrito Title or Position Clerk Date JANUARY 29, 2004		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature ANTONIO S. DILLA Name in Print ANTONIO S. DILLA Title or Position CIVIL REGISTRAR Date MAR 22 2004

LATE REGISTRATION

05682-G9-088NPV-00501-BI001

BEST POSSIBLE IMAGE



T088056820880050107232015001

RJ800854476

 BRen
 07405-B04AV06-1

 Documentary
 Stamp Tax Paid

 Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, 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/I, _____ and _____
 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 our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. _____

Community Tax No. _____

Date Issued _____

Date Issued _____

Place Issued _____

Place Issued _____

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

(Signature of Administering Officer)

(Title/Designation)

(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, Abner Ramos, of legal age, single/married
 and with residence and postal address at 3550-2nd St. Mag. Imperial, Baguio Sta. Mesa, MIA.
 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 Jan. 10, 1974 at San Carlos
3. That I/he/she was attended at birth by Dr. Maria Lourdes Manulat MD. who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were ☒ married on 10-16-97 at Q. City
☐ 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 Haydee V. Ramos
☐ (For the father/mother/guardian) That I am the father of the said person.

Abner (Signature of Applicant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this MAR 22 2005 day of _____,
 at San Juan, Metro Manila, Philippines.

DOC. NO. 742
 (Signature, Administering Officer)
 BOOK NO. 100
 SERIES OF 100
 (Name in Print)

ROMUALDO C. DELOS SANTOS
 Notary Public
 Until December 31, 2005
 (PTR No. 10012, 1-5-04)
 San Juan, Metro Manila
 (Address)

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