

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
<p align="center">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, 3a, 5b and 19b.)</p>					
Province <u>NORTHERN MINDANAO</u>			Registry No. <u>2000-425</u>		
City/Municipality <u>TAGUIG</u>					
C H I L D	1. NAME (First) (Middle) (Last) <u>KRISTINE REIN OROLFO PALAROAN</u>		For OCRG USE ONLY: Population Reference No.		
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15</u> <u>JANUARY</u> <u>2000</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>MATERNITY CLINIC 27 APPLE ST. LOWER BICUTAN TAGUIG N.M.</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify <u> </u>		41 <u>425</u> <u>B0108425</u>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>		d. WEIGHT AT BIRTH <u>5.8 lbs</u> grams		48 <u>1</u>
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>CRISTINA T. OROLFO</u>		49 <u>2</u> 50 <u>1591100</u>		
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>CATH.</u>		56 <u>76075</u>
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		61 <u>1</u>
	10. OCCUPATION <u>H.K.</u>		11. Age at the time of this birth: <u>22</u> years		62 <u>02</u> 64 <u>3084</u>
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>217 F - K.L. QUEZON ST. LOWER BICUTAN TAGUIG N.M.</u>				
F A T H E R	13. NAME (First) (Middle) (Last) <u>BENAR L. PALAROAN</u>		68 <u>1</u> 69 <u>1</u>		
	14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>CATH.</u>		70 <u>02</u> 72 <u>02</u> 74 <u>00</u>
	16. OCCUPATION <u>EMPLOYEE</u>		17. Age at the time of this birth: <u>26</u> years		76 <u>270</u> 78 <u>22</u>
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>APRIL 10, 1997 - MANILA CITY HALL</u>				
	19a. ATTENDANT <u> </u> 1 Physician <u> </u> 2 Nurse <u>X</u> 3 Midwife <u> </u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify) <u> </u>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:40 A.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>CONCHITA C. PADEROG</u> Title or Position <u>R.M.</u>		Address <u>27 APPLE ST. LOWER BICUTAN TAGUIG N.M.</u> Date <u>04-15-20</u>		81 <u>76075</u> 86 <u>1</u> 87 <u>1</u> <u>1570</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>BENAR L. PALAROAN</u> Relationship to the child <u>FATHER</u>		Address <u>217 F - K.L. QUEZON ST. LOWER BICUTAN TAGUIG N.M.</u> Date <u>04-15-20</u>		88 <u>X20</u> 89 <u>26</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>CONCHITA C. PADEROG</u> Title or Position <u>REC. MIDWIFE</u> Date <u>04-17-20</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ANGELITA C. ESTROGA</u> Title or Position <u>ASST. CHIEF OF BIRTH REGISTRATION OFFICE</u> Date <u>JAN 17 2000</u>		93 <u>1</u> <u>041097</u> <u>39000</u> 94 <u>3</u> <u>011700</u>	

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BEST POSSIBLE IMAGE



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