



Municipal Form No. 102
(Revised January 1993)

(Copy for OCRG)

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.]

CITY CIVIL REGISTRAR
RECEIVED

REMARKS/ANNOTATION

CITY OF LAS PINAS

Province **METRO MANILA**
City/Municipality **LAS PINAS CITY**

Registry No.
2005 - 2068

CHIL D MOT HE R FAT HER	1. NAME (First) ALEC MAVERICK (Middle) MAYOL (Last) ABALLE			For OCRG USE ONLY: Population Reference No.					
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female						3. DATE OF BIRTH (day) 11 (month) February (year) 2005		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) LAS PINAS CITY HLYNG IN CLINIC, AS PINAS CITY HEALTH OFFICE			(City/Municipality/Province) LAS PINAS CITY			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.			b. 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) 2nd (first, second, third, etc.)			d. WEIGHT AT BIRTH 3,110 grams					
	6. MAIDEN NAME MARILOU (First) DALIGDIG (Middle) MAYOL (Last)								
	7. CITIZENSHIP Filipino			8. RELIGION Born Again Christian					
	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: 29 years					
	12. RESIDENCE (House No., Street, Barangay) 1231 Guyabano St., CAA Las Pinas City (City/Municipality) (Province)								
	13. NAME (First) ALEXANDER (Middle) MONTADORA (Last) ABALLE								
	14. CITIZENSHIP Filipino			15. RELIGION Born Again Christian					
	16. OCCUPATION Driver			17. Age at the time of this birth: 35 years					
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) March 16, 2003 - Las Pinas City								
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <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 3:20 PM on 11 February 2005 am/pm on the date stated above. Signature F manzala Name in Print FLORINDA M. MANZALA Title or Position Reg. Midwife 								
	20. INFORMANT Signature aballe Name in Print MARILOU M. ABALLE Relationship to the child Mother Address SAME AS ABOVE Date 11 February 2005								
	21. PREPARED BY Signature primitiva s. ostaco Name in Print PRIMITIVA S. OSTACO Title or Position Clerk Date 11 February 2005								
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature UNINGNING M. AHAGUN Name in Print CITY CIVIL REGISTRAR Title or Position CITY OF LAS PINAS Date MAR 01 2005									

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