



Municipal Form No. 102  
(Revised 1983)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate.)

PROVINCE Rizal LOCAL CIVIL REGISTRY NO. 93-603  
CITY/MUNICIPALITY Angono

1. NAME (First) (Middle) (Last)

Gerelyn Capiz Gaelo

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)

1 Male X 2 Female 13 March 1993

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)

4th St. Carabi Subd. Brgy. San Isidro Angono Rizal

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS

X 1 Single 2 Twin 3 Three or more X 1 First 2 Second X 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION

Sherly Urban Capiz Filipino Roman Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION

Salvador Salvador Gaelo Filipino Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (important if not applicable, fill Affidavit of Acknowledgment at the back)

Nov 27, 1985 1985 Capas Tarlac

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 5:00 o'clock a.m. (p.m.) on the date stated above.

Signature Elizabeth Reyes Address 46 Lt. C. Aguinaldo St.

Name in print Elizabeth Reyes Palomp. Subd. Angono Rizal

Title or position Midwife Date March 18, 1993

14. INFORMANT

Signature Salvador Gaelo Address 4th St. Carabi Subd.

Name in print Salvador S. Gaelo Brgy. San Isidro Angono Rizal

Relationship to child Father Date 01 March, 18, 1993

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature Elizabeth Reyes Signature Elizabeth Reyes

Name in print Elizabeth Reyes Name in print Elizabeth Reyes

Title or position Midwife Title or position CR 1700

Date March 18, 1993 Date March 18, 1993

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for Items 17 to 25. The Code boxes are to be filled out of the Office of the Local Civil Registrar)

Local Civil Registry No. Registration Status

9300603 1

PROVINCE Rizal

CITY/MUNICIPALITY Angono

17. Weight at Birth (In grams) 03 Kgs 2880 18. Birth Order of Child Ex. first, second, etc. 1

19a. Total Number of Children Born Alive 03 22 03 b. How many children are now living including this birth? 3 24 03 c. How many children were born alive but are now dead? 0 26 0

20. Usual Occupation Housekeeper 28 270 21. Age at the time of this Birth 26 31 26

22. Usual Residence (Barangay) (City/Municipality) (Province) 4th St. Carabi Subd Angono Rizal

23. Usual Occupation Seamstress 38 794 24. Age of the time of this Birth 33 41 33

25. Attendant at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse X 3 Midwife 4 Hilot 5 Others 7

Sex 2 Date of Birth 130393 Place of Birth 58016 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD First M.I. Last

GERALYN C GAELO