

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

REMARKS/ANNOTATION	
<p>Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b, and 19a.)</p>	
Province METRO MANILA	Registry No. 31905
City/Municipality QUEZON CITY	
1. NAME (First) MARILYN (Middle) GENEZA (Last) FORMENTIERA	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) (month) (year) 29 JUNE 1994	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) OUR LADY OF SIGANG-AWA MEDICAL MATERNITY AND CHILDREN'S CLINIC	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	41 9431905
b. IF MULTIPLE-BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	42 1
c. BIRTH-ORDER (live births and fetal deaths including this delivery) 5th (first, second, third, etc.)	43 2
d. WEIGHT AT BIRTH 3629 grams	44 290694
6. MAIDEN NAME (First) TERESITA (Middle) PILAPIL (Last) GENEZA	45 34047
7. CITIZENSHIP PIL.	46 1
8. RELIGION R-C	47 053629
9a. Total number of children born alive: 5	48 1
b. No. of children still living including this birth: 5	49 05
c. No. of children born alive but are now dead: 0	50 05
10. OCCUPATION HOUSEKEEPER	51 05
11. Age at the time of this birth: 37 years	52 05
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 32 MARLVAR ST., TS., CRUZ NOVA, Q.C.	53 05
13. NAME (First) ROGELIO (Middle) TAMPUS (Last) FORMENTIERA	54 05
14. CITIZENSHIP PIL.	55 05
15. RELIGION R-C	56 05
16. OCCUPATION FACTORY WORKER	57 05
17. Age at the time of this birth: 43 years	58 05
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) AUGUST 26, 1977 AGUIPAY CHURCH KANGKONG BALINTAWAK Q.C.	59 05
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)	60 220
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 9:35AM o'clock am/pm on the date stated above.	61 37
Signature DRA. LIGAYA B. JAUREGUI Address 486 BAGBAG NOVA, Q.C.	62 74047
Title or Position PHYSICIAN Date 6-29-94	63 1
20. INFORMANT Signature ROGELIO T. FORMENTIERA Address 32 MARLVAR ST. TS., CRUZ NOVA, QC.	64 1
Name in Print FATHER Date 6-29-94	65 949
Relationship to the child	66 43
21. PREPARED BY Signature REBETH T. GOMERA	67 1
Name in Print SECRETARY	68 1
Title or Position 6-29-94	69 1
Date	70 1
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	71 1
Signature	72 1
Name in Print	73 1
Title or Position	74 1
Date	75 1

370-BD-003ARM-02457-BI001

IMAGE



245701272016001

BRen

07404-A94MVOS-4

Documentary
Stamp Tax Paid

Lisa Grace S. Bers

LISA GRACE S. BERSALES, P

National Statistician and Civil Registrar

Philippine Statistics Authority