



(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 <b>CERTIFICATE OF LIVE BIRTH</b> (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 _____			Registry No. <u>96 7101</u>		
City/Municipality _____					
CHILD	1. NAME (First) (Middle) (Last) JOHN CARLO GALO GUMAPAC		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) 4 AUGUST 1996		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) JESUS NAZARETH LYING IN CLINIC, LORES SUBD.A/R		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) FIRST (first, second, third, etc.)		d. WEIGHT AT BIRTH 7lbs _____ grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) GRACE GALO GUMAPAC		41 <u>9607101</u>		
	7. CITIZENSHIP FILIPINO		48 <u>1</u>		
	8. RELIGION CATHOLIC		49 50 <u>1</u> <u>040845</u>		
	9a. Total number of children born alive: 1		b. No. of children still living including this birth: 1		
	c. No. of children born alive but are now dead: 0		56 <u>58020</u>		
10. OCCUPATION SALE LADY		61 <u>1</u>			
11. Age at the time of this birth: 20 years		62 64 <u>01</u> <u>3175</u>			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) FERRETVILLE SUBD. ANTIPOLLO, RIZAL		68 69 <u>1</u> <u>1</u>			
FATHER	13. NAME (First) (Middle) (Last) WENDELL ANGELES VALDERANA		70 72 74 <u>01</u> <u>01</u> <u>00</u>		
	14. CITIZENSHIP FILIPINO		76 78 <u>490</u> <u>20</u>		
	15. RELIGION CATHOLIC		81 <u>58020</u>		
	16. OCCUPATION FACTORY WORKER		86 87 <u>1</u> <u>1</u> <u>3450</u>		
	17. Age at the time of this birth: 20 years		88 91 <u>499</u> <u>20</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) NOT APPLICABLE					
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 <u>12:00pm</u> o'clock am/pm on the date stated above.					
Signature _____ Address _____ Name in Print <u>MARIA CRISTINA CAMERO</u> <u>ANTIPOLLO, RIZAL</u> Title or Position <u>MIDWIFE</u> Date _____					
20. INFORMANT Signature _____ Address _____ Name in Print <u>WENDELL VALDERAMA</u> <u>ANTIPOLLO, RIZAL</u> Relationship to the child <u>FATHER</u> Date _____					
21. PREPARED BY Signature _____ Name in Print <u>ZENNY D. CARAUSOS</u> Title or Position <u>CLERK</u> Date _____					
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ROSALINA M. CALUMA</u> Title or Position <u>LOCAL CIVIL REGISTRAR</u> Date <u>9/4/96</u>					

04723-8F-003RAL-01287-BI004

BEST POSSIBLE IMAGE



T003047230030128712062012004

WH800900257

BRen  
05802-A96Q40H-3Documentary  
Stamp Tax Paid

CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office