



Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province Pampanga		Registry No. 2018-10888		
City/Municipality San Fernando				
CHILD	1. NAME (First) (Middle) (Last) DAMARAH ZYRI SERRANO CALIVARA			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 14 SEPTEMBER 2018		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) MOTHER TERESA OF CALCUTTA MEDICAL CENTER CITY OF SAN FERNANDO PAMPANGA			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3,300 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JOANA ANGELES SERRANO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE
	12. AGE at the time of this birth (completed years) 30			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BLK. 27 LOT 37 MODEL COMMUNITY PIO, PORAC PAMPANGA				
FATHER	14. NAME (First) (Middle) (Last) DANIEL ABUAN CALIVARA			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION EMPLOYEE / OFW	
	18. AGE at the time of this birth (completed years) 29			
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) 53 - D ZAMORA ST. BAGUIO CITY, BENGUET PHILIPPINES				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) July 11, 2018		20b. PLACE (City / Municipality) (Province) (Country) PORAC, PAMPANGA		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at: 3:00 PM on the date of birth specified above.				
Signature <i>[Signature]</i> Name in Print DR. ANALYN REYES Title or Position OB GYNE		Address MTCMC Date September 20, 2018		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print DANIEL ABUAN CALIVARA Relationship to the Child FATHER Address BAGUIO CITY Date September 20, 2018		23. PREPARED BY Signature <i>[Signature]</i> Name in Print MYRNA GALANG Title or Position REGISTERED MIDWIFE Date September 20, 2018		
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print ALMA PANGILINAN Title or Position REGISTRATION CLERK Date 02 OCT 2018		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print RIMANDO DIMALI Title or Position CITY CIVIL REGISTRAR Date 02 OCT 2018		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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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

