



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. 2019-5013  
City/Municipality MABALACAT CITY

**CHILD**

1. NAME (First) (Middle) (Last)  
ATARAH ZARA MASBANG

2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) (Month) (Year)  
28 NOVEMBER 2019

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
THE MEDICAL CITY CLARK 100 GATWICK GATEWAY SABAH AL-AHMAD GGLC INDUSTRIAL ESTATE 5 CLARK FREEPORT ZONE, MABALACAT CITY, PAMPANGA

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE 5c. BIRTH ORDER (Order of this birth to previous five births including fetal death) (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH 2684 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
HIYASMIN MAGLAYA ZARA

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 NURSE 12. AGE at the time of this birth (completed years) 29

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
8-22-A, MA. VICTORIA ROAD, ESSEL PARK SUBDIVISION, BARANGAY TELABASTAGAN, CITY OF SAN FERNANDO, PAMPANGA, PHILIPPINES

**FATHER**

14. NAME (First) (Middle) (Last)  
BENEDICT SARMIENTO MASBANG

15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION FIRE FIGHTER 18. AGE at the time of this birth (completed years) 33

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
8-22-A, MA. VICTORIA ROAD, ESSEL PARK SUBDIVISION, BARANGAY TELABASTAGAN, CITY OF SAN FERNANDO, PAMPANGA, PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) SEPTEMBER 26, 2014 20b. PLACE (City / Municipality) (Province) (Country)  
CLARKFIELD, ANGELES CITY, PAMPANGA

21a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  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 7:18 AM am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address THE MEDICAL CITY CLARK 100 GATWICK GATEWAY SABAH AL-AHMAD GGLC INDUSTRIAL ESTATE 5 CLARK FREEPORT ZONE, MABALACAT CITY, PAMPANGA, PHILIPPINES 2023  
Name in Print EMICEL ALTA GIGANTE Date DECEMBER 2, 2019  
Title or Position OBSTETRICIAN GYNECOLOGIST

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature \_\_\_\_\_ Address #8-22-A, MA. VICTORIA ROAD, ESSEL PARK SUBDIVISION, BARANGAY TELABASTAGAN, CITY OF SAN FERNANDO, PAMPANGA, PHILIPPINES  
Name in Print HIYASMIN ZARA MASBANG Date DECEMBER 2, 2019  
Relationship to the Child MOTHER

23. PREPARED BY  
Signature \_\_\_\_\_ Name in Print KAREN CHRISTIE SIGUA DELDOC  
Title or Position MEDICAL INFORMATION STAFF Date DECEMBER 2, 2019

24. RECEIVED BY  
Signature \_\_\_\_\_ Name in Print CAROLINA I. AQUINO  
Title or Position Admin. Asst. VI Date December 6, 2019

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in Print EVANZELINE D. LAGMAN  
Title or Position CITY CIVIL REGISTRAR Date December 6, 2019

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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0108513

07293-80-100JYP-00283-BI001

BEST POSSIBLE IMAGE



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BReN  
05409-B19XU01-8

Documentary  
Stamp Tax Paid

*CDSM*

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

