

Principal Form No. 102  
Revised January 2007

to be accomplished in quadruplicate using black ink

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

|   |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|---|---|---|--|--------------------------------------|----|----|----|----|----|----|---|---|---|---|---|---|---|
| Province <b>BULACAN</b>   |   | Registry No. <b>2013-133</b>  |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| City/Municipality <b>SAN JOSE DEL MONTE</b>   |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| <b>CHILD</b>  | 1. NAME (First) <b>KING DEVANCE</b> (Middle) <b>DIORIC</b> (Last) <b>TAN</b>  |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 2. SEX (Male / Female) <b>MALE</b>  | 3. DATE OF BIRTH (Day) <b>30</b> (Month) <b>DECEMBER</b> (Year) <b>2012</b>   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>DAYSON'S BIRTHING HOME &amp; FAMILY PLANNING CLINIC</b> (City/Municipality) <b>DEL MONTE, BULACAN</b> (Province) <b>STO CRISTO, CITY OF SAN JOSE</b> |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>   | 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>n/a</b>  | 5c. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>   | 6. WEIGHT AT BIRTH <b>3200</b> grams |    |    |    |    |    |    |   |   |   |   |   |   |   |
| <b>MOTHER</b>   | 7. MAIDEN NAME (First) <b>DYAN</b> (Middle) <b>LAMAG</b> (Last) <b>DIORIC</b>   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 8. CITIZENSHIP <b>FILIPINO</b>  |   | 9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>   |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 10a. Total number of children born alive <b>1</b>   | 10b. No. of children still living including this birth <b>1</b>   | 10c. No. of children born alive but are now dead <b>0</b>  | 11. OCCUPATION <b>HOUSEKEEPER</b>    |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 12. AGE at the time of this birth (completed years) <b>20</b>   |   | 13. RESIDENCE (House No., St., Barangay) <b>BLK 18 L-12 TOWERVILLE SUBD. STO CRISTO, CITY OF SAN JOSE DEL MONTE, BUL., PHILS.</b> (City/Municipality) (Province) (Country) |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| <b>FATHER</b>   | 14. NAME (First) <b>KIMBERLY</b> (Middle) <b>CATAPANG</b> (Last) <b>TAN</b>   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 15. CITIZENSHIP <b>FILIPINO</b>   |   | 16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 17. OCCUPATION <b>LABORATORY ANALYST</b>  |   | 18. AGE at the time of this birth (completed years) <b>24</b>  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   | 19. RESIDENCE (House No., St., Barangay) <b>BLK 18 L-12 TOWERVILLE SUBD. STO CRISTO, CITY OF SAN JOSE DEL MONTE, BUL., PHILS.</b> (City/Municipality) (Province) (Country)  |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)  |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| 20a. DATE (Month) <b>SEPTEMBER</b> (Day) <b>9</b> (Year) <b>2012</b>  |   | 20b. PLACE (City / Municipality) (Province) (Country) <b>CITY OF SAN JOSE DEL MONTE, BUL PHILS.</b>                                     |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| 21a. ATTENDANT<br>_____ 1 Physician _____ 2 Nurse <input checked="" type="checkbox"/> 3 Midwife _____ 4 Hilot (Traditional Birth Attendant) _____ 5 Others (Specify) _____  |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)<br>I hereby certify that I attended the birth of the child who was born alive at _____ am/pm on the date of birth specified above.  |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Signature _____<br>Name in Print <b>ANTONIA DAYSON</b><br>Title or Position <b>MIDWIFE</b>  |   | Address <b>STO CRISTO, CITY OF SAN JOSE DEL MONTE, BULACAN</b><br>Date <b>DECEMBER 30, 2012</b>   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| 22. CERTIFICATION OF INFORMANT<br>I hereby certify that all information supplied are true and correct to my own knowledge and belief.   |   | 23. PREPARED BY   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Signature _____<br>Name in Print <b>KIMBERLY C. TAN</b><br>Relationship to the Child <b>FATHER</b><br>Address <b>BRGY. STO CRISTO, CITY OF SJDM, BULACAN</b><br>Date <b>JANUARY 3, 2013</b>   |   | Signature _____<br>Name in Print <b>VENUS P. MANUEL</b><br>Title or Position <b>ADMIN. ASST. I</b><br>Date <b>JANUARY 3, 2013</b>       |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| 24. RECEIVED BY   |   | 25. REGISTERED BY THE CIVIL REGISTRAR   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Signature _____<br>Name in Print <b>VENUS P. MANUEL</b><br>Title or Position <b>ADMIN. ASST. I</b><br>Date <b>JANUARY 3, 2013</b>   |   | Signature _____<br>Name in Print <b>ESTHER F. ABING</b><br>Title or Position <b>CITY CIVIL REGISTRAR</b><br>Date <b>JANUARY 3, 2013</b> |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)  |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
|   |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  |   |   |  |                                      |    |    |    |    |    |    |   |   |   |   |   |   |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> <td style="width: 20px;">11</td> <td style="width: 20px;">13</td> <td style="width: 20px;">15</td> <td style="width: 20px;">16</td> <td style="width: 20px;">17</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </table> |   |   |  | 8                                    | 9  | 11 | 13 | 15 | 16 | 17 | 0 | 1 | 0 | 8 | 0 | 2 | 1 |
| 8   | 9   | 11  | 13   | 15                                   | 16 | 17 |    |    |    |    |   |   |   |   |   |   |   |
| 0   | 1   | 0   | 8  | 0                                    | 2  | 1  |    |    |    |    |   |   |   |   |   |   |   |



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BEST POSSIBLE IMAGE

BReN

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Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.