(Copy for OCRG)

Municipal Form No. 102 (Revised/ January 1993) (To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province: Negros Oriental
City/Municipality: Bais City
Registry No.: 95-1,398

REMARKS/ANNOTATION

Delayed Registration

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 5 0 1 3 9 8

CHILD

1. NAME: (First) CHINELO (Middle) MENDEZ (Last) CARDANO
2. SEX: X 1 Male 2 Female
3. DATE OF BIRTH: (day) 10 (month) Dec. (year) 1995
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Mabunao, (City/Municipality) Bais City (Province) Negros Oriental
5a. TYPE OF BIRTH: X 1 Single 2 Twin 3 Triplet, etc.
5b. IF MULTIPLE BIRTH, CHILD WAS: 1 First 2 Second 3 Others, Specify
6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.): 8th
6d. WEIGHT AT BIRTH: 2722 grams

48: 2

MOTHER

6. MAIDEN NAME: (First) MARIA (Middle) ROMERAL (Last) MENDEZ

49: 2 50: 1 0 1 2 9 4

7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic

56: 4 6 0 4 5

9a. Total number of children born alive: 8
9b. No. of children still living including this birth: 7
9c. No. of children born alive but are now dead: 1

61: 1

10. OCCUPATION: Housewife
11. Age at the time of this birth: 39 years

62: 0 8 64: 0 7 2 2

12. RESIDENCE: (House No., Street, Barangay) Mabunao, (City/Municipality) Bais City (Province) Negros Oriental

FATHER

13. NAME: (First) ARISTON (Middle) CARDENES (Last) CARDANO

68: 1 69: 1

14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic

70: 0 8 72: 0 7 74: 0 1

16. OCCUPATION: Employee
17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): February 4, 1979 - Bais City

76: 2 2 0 79: 3 9

19a. ATTENDANT: X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

81: 4 6 0 4 5

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at ____ o'clock am/pm on the date stated above.

Signature: Ignacia Quintanes
Name in Print: Traditional Midwife
Title or Position:
Address: Mabunao, Bais City Negros Oriental
Date:

D 20 (99 46045 091595

86: 1 87: 1

20. INFORMANT

Signature: ARISTON CARDANO
Name in Print:
Relationship to the child: Father
Address: Mabunao, Bais City Negros Oriental
Date: September 4, 1995

88: X 2 6 91: 4 1

21. PREPARED BY

Signature: APOLONIA P2 BACTOL
Name in Print: Registration Officer I
Title or Position: September 4, 1995
Date:

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: RICARDO G. VALENCIA
Name in Print: City Civil Registrar
Title or Position: September 15, 1995
Date:

93: 1

2140

94: 4

07811-DF-991ASB-01462-BI001

BEST POSSIBLE IMAGE

T0800781199101462052120210O1

BReN
04604-A94ZA01-7

Documentary
Stamp Tax Paid

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

Z0100240036

PHILIPPINE STATISTICS AUTHORITY PSA

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ *and* _____ *parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.*

_____ (Signature of Father)

Community Tax No. _____
Date Issued _____
Place Issued _____

_____ (Signature of Mother)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN *to before me this* _____ *day of* _____, _____
at _____, Philippines.

_____ (Signature of Administering Officer)

_____ (Title/Designation)

_____ (Name in Print)

_____ (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, Ariston Cardaño, of legal age, single/married and with residence and postal address at Mabunao, Bais City, after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of Chinelo Cardaño
2. That I/he/she was born on Dec. 10, 1994 at Mabunao, Bais City
3. That I/he/she was attended at birth by Ignacia Quintanes who resides at Mabunao, Bais City
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were [X] married on Feb. 4, 1979 at Bais City
   [ ] not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to Health condition
7. That a copy of my/his/her birth certificate is needed for the purpose of future use
8. [ ] (For the applicant only) That I am married to _____.
   [X] (For the father/mother/guardian) That I am the Father of the said person.

ARISTON C. CARDAÑO
(Signature of Affiant)

Community Tax No. 9231261
Date Issued 4-7-95
Place Issued Bais City

SUBSCRIBED AND SWORN *to before me this* 4th *day of* September, 1995
at Bais City, Neg. Or., Philippines.

(Signature of Administering Officer)
RICARDO G. VALENCIA
(Name in Print)

City Civil Registrar
(Title/Designation)
Bais City
(Address)

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