Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: Leyte
City/Municipality: Hilongos
Registry No.: 97-16

CHILD

1. NAME (First): MARK LOUIS (Middle): LELIS (Last): GARCES
2. SEX: X 1 Male
3. DATE OF BIRTH (day) (month) (year): 21 January 1997
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): Hilongos District Hosp. (City/Municipality): Hilongos (Province): Leyte
5a. TYPE OF BIRTH: X 1 Single
b. IF MULTIPLE BIRTH, CHILD WAS: N/A
c. BIRTH ORDER (live births and fetal deaths including this delivery): Second
d. WEIGHT AT BIRTH: 3,630 grams

MOTHER

6. MAIDEN NAME (First): ZENAIDA (Middle): ARCAY (Last): LELIS
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Budgeting Assistant
11. Age at the time of this birth: 29 years
12. RESIDENCE (House No., Street, Barangay): Brgy. Matapay (City/Municipality): Hilongos (Province): Leyte

FATHER

13. NAME (First): LUISITO (Middle): CAGADAS (Last): GARCES
14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic
16. OCCUPATION: Teacher
17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 28, 1994; Hilongos, Leyte

19a. ATTENDANT: X 1 Physician

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:34 p.m. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: ANTONIA ISAGA-LADION, M.D.
Title or Position: Medical Officer IV
Address: Hilongos District Hosp. Hilongos, Leyte
Date: January 21, 1997

20. INFORMANT
Signature: [signature]
Name in Print: LUISITO GARCES
Relationship to the child: Father
Address: Brgy. Matapay Hilongos, Leyte
Date: January 21, 1997

21. PREPARED BY
Signature: [signature]
Name in Print: MA. GLADINA P. RABE
Title or Position: Nurse I
Date: January 21, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ERNESTO M. PILAGME
Title or Position: Civil Registrar
Date: JAN 29 1997

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.: 3719-A97AM03-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: 9 7 0 0 1 6 3
48: [ ]
49: 1 50: 2 1 0 1 9 7
56: 3 7 1 9 2
61: 1
62: 7 2 64: 3 6 3 0
65: 1 66: 1
70: 0 2 72: 0 2 74: 0 0
76: 2 1 5 79: 2 9
81: 3 7 1 9 2
86: 1 87: 1 1200
90: 1 2 5 91: 3 0
93: 1 37192
05/28/94
94: [ ]
01/29/97

06253-EF-402KMD-00940-BI036
POSSIBLE IMAGE
062534020094002132017036
000131012

BReN
03719-A97AM03-1

Documentary Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

OFFICIAL TRANSCRIPT OF RECORDS

(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.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Hilongos
Registry No. 97-163

CHILD

1. NAME: (First) MARK LOUIS (Middle) LELIS (Last) GARCES
2. SEX: X 1 Male ___ 2 Female
3. DATE OF BIRTH: (day) 21 (month) January (year) 1997
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Hilongos District Hosp. (City/Municipality) Hilongos (Province) Leyte
5a. TYPE OF BIRTH: X 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: n/a 1 First 2 Second 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) Second (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3,630 grams

MOTHER

6. MAIDEN NAME: (First) ZENAIDA (Middle) ARCAY (Last) LELIS
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Budgeting Assistant
11. Age at the time of this birth: 29 years
12. RESIDENCE: (House No., Street, Barangay) Brgy. Matapay (City/Municipality) Hilongos (Province) Leyte

FATHER

13. NAME: (First) LUIGITO (Middle) CAGADAS (Last) GARCES
14. CITIZENSHIP: Filipino
15. RELIGION: Roman Catholic
16. OCCUPATION: Teacher
17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.): May 28, 1994; Hilongos, Leyte

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:34 p.m. o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: ANTONIA IGANA-LADION, M.D.
Title or Position: Medical Officer IV
Address: Hilongos District Hosp. Hilongos, Leyte
Date: January 21, 1997

20. INFORMANT
Signature: [signature]
Name in Print: LUISITO GARCES
Relationship to the child: Father
Address: Brgy. Matapay Hilongos, Leyte
Date: January 21, 1997

21. PREPARED BY
Signature: [signature]
Name in Print: MA. GLADINA P. RABE
Title or Position: Nurse I
Date: January 21, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: ERNESTO MA. FILACHE
Title or Position: Civil Registrar
Date: JAN 29 1997

For OCRG USE ONLY: Population Reference No. 3719-A97AM03-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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70: 0 2 72: 0 2 74: 0 0
76: 2 1 5 79: 1 9
81: 3 7 1 9 2
86: 1 87: 1 1200
88: 1 3 X 91: 3 0
93: 1 37192 05/28/94
94: 1 01/29/97

03707-3B-402MBF-00004-BI019
EST POSSIBLE IMAGE
02000040224201001 9

BReN
03719-A97AM03-1

Documentary
Stamp Tax Paid

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

CERTIFIED & VERIFIED AGAINST THE STUDENT'S RECORDS KEPT IN THIS OFFICE 6-19-18
JOVITA A. QUINANOLA
REGISTRAR
UNIVERSITY OF CEBU
MAMBALING CAMPUS