



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

Registration No. 97-16

REMARKS/ANNOTATION

1. NAME First: <u>MARK LOUIS</u> Middle: <u>LELIS</u> Last: <u>GARCES</u>		3. DATE OF BIRTH Day: <u>21</u> Month: <u>January</u> Year: <u>1997</u>
2. SEX <u>X</u> Male <u> </u> Female		
4. PLACE OF BIRTH (Name of House/Church/Institution) <u>Hilongos District Hosp.</u> (City/Municipality) <u>Hilongos</u> (Province) <u>Leyte</u>		5a. TYPE OF BIRTH <u>X</u> 1. Single <u> </u> 2. Twin <u> </u> 3. Fetus, etc.
b. IF MULTIPLE BIRTH, CHILD WAS <u>A/A</u> First <u> </u> 2. Second <u> </u> 3. Other, Specify: <u> </u>		
c. BIRTH ORDER live births and fetal deaths (including pre-delivery) (first, second, third, etc.) <u>Second</u>		d. WEIGHT AT BIRTH <u>3.630</u> grams
6. MOTHER'S NAME First: <u>RENAIDA</u> Middle: <u>ABAY</u> Last: <u>LELIS</u>		8. RELIGION <u>Roman Catholic</u>
7. CITIZENSHIP <u>Filipino</u>		
9a. Total number of children born alive: <u>2</u>		b. No. of children living including this birth: <u>2</u>
10. OCCUPATION <u>Budgeting Assistant</u>		c. No. of children born alive but are now dead: <u>0</u>
12. RESIDENCE (House No. Street Barangay) <u>Brgy. Natapay</u> (City/Municipality) <u>Hilongos</u> (Province) <u>Leyte</u>		11. Age at the time of this birth: <u>29</u> years
13. NAME First: <u>LUIBITO</u> Middle: <u>CAGADAS</u> Last: <u>GARCES</u>		15. RELIGION <u>Roman Catholic</u>
14. CITIZENSHIP <u>Filipino</u>		
16. OCCUPATION <u>Teacher</u>		17. Age at the time of this birth: <u>30</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>May 28, 1994; Hilongos, Leyte</u>		
19a. ATTENDANT <u>X</u> 1. Physician <u> </u> 2. Nurse <u> </u> 3. Midwife <u> </u> <u>X</u> 4. Healer (Traditional Midwife) <u> </u> 5. Others (Specify): <u> </u>		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:34 P.M.</u> on <u>21</u> day of <u>January</u> 1997 at <u>Hilongos District Hosp.</u>		
Signature: <u>ANTONIA IGABA-LADON, M.D.</u> Address: <u>Hilongos District Hosp.</u> Name in Print: <u>ANTONIA IGABA-LADON, M.D.</u> City/Municipality: <u>Hilongos, Leyte</u> Title or Position: <u>Medical Officer IV</u> Date: <u>January 21, 1997</u>		
20. INFORMANT Signature: <u>LELIS GARCES</u> Address: <u>Brgy. Natapay</u> Name in Print: <u>LELIS GARCES</u> City/Municipality: <u>Hilongos, Leyte</u> Relationship to the child: <u>Father</u> Date: <u>January 21, 1997</u>		
21. PREPARED BY Signature: <u>MA. GUADINA P. RABE</u> Name in Print: <u>MA. GUADINA P. RABE</u> Title or Position: <u>Nurse I</u> Date: <u>January 21, 1997</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>LELIS GARCES</u> Name in Print: <u>LELIS GARCES</u> Title or Position: <u>Father</u> Date: <u>JAN 29 1997</u>		

For OCRG USE ONLY:
Population Reference No. 579-A97-AM03-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	42	43	44	45	46	47	48	49	50
5	7	0	0	1	2	3			
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
0	2	0	2	0	2	0			
81	82	83	84	85	86	87	88	89	90
3	7	1	9	2					
91	92	93	94	95	96	97	98	99	00
1200									
37192									
05/28/94									
01/29/97									

06253-EF-402KMD-00940-B1036

POSSIBLE IMAGE



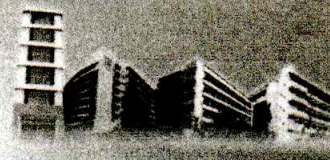
062534020094002132017036

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

Page 1 of 1, 1 Copy

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

Province Leyte City/Municipality Hilongos Registrar No. 97-168

1. NAME (First) (Middle) (Last)
MARK LOUIS LELIS GARCES

2. SEX ☒ 1 Male ☐ 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
21 JANUARY 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Hilongos District Hosp. Hilongos Leyte

5a. TYPE OF BIRTH ☒ 1 Single ☐ 2 Twin ☐ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS
b/1 First b/2 Second b/3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
Second (first, second, third, etc.)

d. WEIGHT AT BIRTH
3,650 grams

6. MAIDEN NAME (First) (Middle) (Last)
ZENAIDA ARCAY 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) (City/Municipality) (Province)
Brgy. Matapay Hilongos Leyte

13. NAME (First) (Middle) (Last)
LUISITO CAGADAS 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 ☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer (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 ANTONIA IGARA-LADION, M.D. Address Hilongos District Hosp.
Name in Print Hilongos, Leyte
Title or Position Medical Officer IV Date January 21, 1997

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

21. PREPARED BY
Signature MA. GIADINA P. RABE
Name in Print Nurse I
Title or Position January 21, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature JOSEMA MA. FULANHE
Name in Print Civil Registrar
Title or Position 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 9700103

48 1

49 1 210197

56 37192

61 1

62 02 3630

68 1 1

70 02 02 00

76 215 29

81 37192

86 1 1 1200

88 13X 30

93 37192

94 05/28/94
01/29/97

03707-3B-402MBF-00004-BI019

BEST POSSIBLE IMAGE



020000402242010019

BReN
03719-A97AM03-1

Documentary
Stamp Tax Paid

Carmelita N. ERICTA
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. Quinola
JOVITA A. QUINOLA
REGISTRAR
UNIVERSITY OF CEBU
MAMBALING CAMPUS