

(Copy for OCRG)



Mandatory Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 below the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 99-3374  
City/Municipality MANDAUE CITY

**CHILD**  
1. NAME (First) (Middle) (Last)  
DIVINE GRACE MALAZARTE ARMADA  
2. SEX 1 Male  2 Female   
3. DATE OF BIRTH (day) (month) (year)  
29 SEPTEMBER 1999  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
SACRIS BANILAD, MANDAUE CITY CEBU  
5a. TYPE OF BIRTH 1 Single  2 Twin   
3 Triplet, etc.   
b. IF MULTIPLE BIRTH, CHILD WAS 1 First  2 Second   
3 Others, Specify   
c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st  (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3084 grams

For OCRG USE ONLY:  
Population Reference No.  
2230A99TV01-7

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**MOTHER**  
6. MAIDEN NAME (First) (Middle) (Last)  
ROSEMINDA JUDILLA MALAZARTE  
7. CITIZENSHIP FIL. 8. RELIGION R.C.  
9a. Total number of children born alive: 26 1  
b. No. of children still living including this birth: 1  
c. No. of children born alive but are now dead: 0  
10. OCCUPATION H.K. 11. Age at the time of this birth: 26 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SACRIS BANILAD, MANDAUE CITY CEBU

41 9903374

48 1

49 50 2 290999

56 22301

61 1

62 64 013081

**FATHER**  
13. NAME (First) (Middle) (Last)  
MARVIN OLASIMAN ARMADA  
14. CITIZENSHIP FIL. 15. RELIGION R.C.  
16. OCCUPATION LABORER 17. Age at the time of this birth: 23 years

68 69 1 1

70 72 74 01 01 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS. (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 12, 1999 FATIMA BASAK, MANDAUE CITY

76 78 220 26

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

81 2301

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 11:10 P.M. o'clock  
am/pm on the date stated above.

Signature ERLINDA MAYOL SUMAMPONG Address CANDUMAN, MANDAUE CITY  
Name in Print \_\_\_\_\_ Date SEPTEMBER 29, 1999  
Title or Position MIDWIFE II

86 87 1 1

20. INFORMANT Signature ERLINDA M. SUMAMPONG Address CANDUMAN, MANDAUE CITY  
Name in Print \_\_\_\_\_ Date SEPTEMBER 29, 1999  
Relationship to the child MIDWIFE II

88 91 999 23

21. PREPARED BY Signature ERLINDA M. SUMAMPONG  
Name in Print \_\_\_\_\_ Title or Position MIDWIFE II  
Date 9-29-99  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature VIVIANA C. B. BILLO  
Name in Print \_\_\_\_\_ Title or Position Civil Registrar  
Date OCT 01 1999

93 1

94 3 000123

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BEST POSSIBLE IMAGE

BReN  
02230-A99TV03-7



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

