



(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 of typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry 2001 054
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
CHARLIE RALPH TEAÑO FUENTES

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
04 JANUARY 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
PERPETUAL SUCCOUR HOSPITAL CEBU 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) (first, second, third, etc.)
FOURTH d. WEIGHT AT BIRTH
2600 grams

6. MAIDEN NAME (First) (Middle) (Last)
CHARITO SEVILLINO TEAÑO

7. CITIZENSHIP FILIPINO 8. RELIGION CATHOLIC

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION EMPLOYEE 11. Age at the time of this birth: 38 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SAN ANTONIO ST. 294-CAMBARO, MANDAUE CITY

13. NAME (First) (Middle) (Last)
RUFINO AUXTERO FUENTES

14. CITIZENSHIP FILIPINO 15. RELIGION CATHOLIC

16. OCCUPATION SECURITY GUARD 17. Age at the time of this birth: 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 27, 1996 - BANTAYAN ISLAND CEBU

19a. ATTENDANT 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 9:35 am o'clock am/pm on the date stated above.

Signature Dr. Mercader Address C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY
Name in Print EVANGELINE MERCADER, M.D.
Title or Position ATTENDING PHYSICIAN Date JANUARY 05, 2001

20. INFORMANT
Signature Rufino A. Fuentes Address SAN ANTONIO ST. 294-CAMBARO MANDAUE CITY
Name in Print RUFINO A. FUENTES
Relationship to the child FATHER Date JANUARY 05, 2001

21. PREPARED BY
Signature Libosada
Name in Print DELISA A. LIBOSADA
Title or Position MEDICAL RECORD CLERK
Date JANUARY 05, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Agnes C. Benapo
Name in Print AGNES C. BENAPO
Title or Position CLERK
Date JAN 05 2001

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 20010104

48

49 50 04012001

56 22178

61

62 04 64 2600

68 69

70 04 72 04 74 00

76 20 78 38

81 22301

86 87

88 289 91 34

93

94 **000054**

07107-3B-400JPZ-00478-BI004

BEST POSSIBLE IMAGE



T400071074000047806172019004

LN800923193

BReN
02217-B01A40Z-1

Documentary
Stamp Tax Paid

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

