

(Copy for OCRG)



Municipal 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 before the appropriate answer in items 2, 5a, 5b and 15a.)

Province CEBU Registry No. 97-20579
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ANTHONY REY MARTINEZ DELUTE
2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
14 OCTOBER 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU PUER. CENTER & MATERNITY HOUSE, INC. 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.) THIRD d. WEIGHT AT BIRTH 2,780 grams

6. MAIDEN NAME (First) (Middle) (Last)
LOURDES AMAHOY MARTINEZ

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
59 SUDLON, MAGUIKAY, MANDAUE CITY, CEBU

13. NAME (First) (Middle) (Last)
RESURRECCION SIJOR DELUTE

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION FACT. WORKER 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
DECEMBER 19, 1992 SIOCON, ZAMBO. DEL NORTE

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Heilot (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 5:37 o'clock am/pm on the date stated above.

Signature _____ Address CEBU PUER. CENTER & MATERNITY HOUSE, INC. CEBU CITY
Name in Print FARINA SABADO, M.D. Date OCTOBER 14, 1997
Title or Position PHYSICIAN

20. INFORMANT
Signature _____ Address 59 SUDLON, MAGUIKAY, MANDAUE CITY
Name in Print LOURDES DELUTE Date OCTOBER 14, 1997
Relationship to the child MOTHER

21. PREPARED BY
Signature _____
Name in Print MARIANILLA C. HERNANDEZ
Title or Position CLERK
Date OCTOBER 14, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print VELYN A. ABADIL
Title or Position CLERK
Date OCT 24 1997

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 272577

48 1

49 7 50 141097

56 22175

61 1

62 2 64 2789

68 1 69 1

70 03 72 03 74 00

76 223 79 00

81 1230

86 1 87 1

88 249 91 28

93 10/21/97

94 10/24/97

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BEST POSSIBLE IMAGE



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Documentary
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Lisa Grace S. Bersales

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

