

Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE CebuLOCAL CIVIL REGISTRY NO. 85-1117CITY/MUNICIPALITY Cebu City

1. NAME (First) (Middle) (Last)

Mark Anthony Reolona Alindao Sr.

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)

 1 Male 2 Female 22 Feb. 1985

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) (City/Municipality) (Province)

145 Spolarium St. Cebu City

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS

 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION

Magdalena Carolina Reolona Filipino Roman Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION

Antonio Calubay Alindao Filipino Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)

Sept. 10 1982 - San Nicolas Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:20 o'clock a.m./p.m. on the date stated above.Signature Ant Borlug Address 115 Spolarium St. Cebu CityName in print Mrs Marilyn BorlugTitle or position Midwife II Date 2-26-85

14. INFORMANT

Signature Magdalena Alindao Address Spolarium St, Cebu CityName in print Mrs Magdalena AlindaoRelationship to child mother Date 2-26-85

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature Ant Borlug Signature _____Name in print Mrs Marilyn Borlug Name in print _____Title or position Midwife II Title or position _____Date 2-15-85 Date _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

2-26-85

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BEST POSSIBLE IMAGE

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