



Copy for OCRG

Municipal Form No. 102
(Revised January 1995)
(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 or typewriter.
Place X behind the appropriate answer at items 2, 3a, 3b and 10a.)

Province CEBU Registry No. 99 34516
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
JOHN CARLO ALVIENTO CARTA
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
30 DECEMBER 1999
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
CEBU FREE, ENTER & 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 (five births and fetal deaths including this delivery) FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,260 grams

6. MOTHER'S NAME (First) (Middle) (Last)
HELISSA ALVIENTO CARTA
7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC
9a. Total number of children born alive 1 b. No. of children still living including this birth 1 c. No. of children born alive but are now dead 0
10. OCCUPATION HOME 11. Age at the time of this birth 22 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
06A J LANTO, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
WENDEL MARI PEREZ AREVALO
14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC
16. OCCUPATION SECURITY GUARD 17. Age at the time of this birth 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

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 11:16 PM o'clock am/pm on the date stated above.
Signature _____ Address CEBU FREE, ENTER & MAT. HOUSE, INC., CEBU CITY, CEBU
Name in Print OPHELIA BORDON, M.D.
Title or Position PHYSICIAN Date DECEMBER 30, 1999

20. INFORMANT
Signature _____ Address 06A J LANTO, CEBU CITY
Name in Print HELISSA CARTA
Relationship to the child MOTHER Date DECEMBER 30, 1999

21. PREPARED BY
Signature _____
Name in Print MARILYN L. RIVAL
Title or Position CLERK
Date DECEMBER 30, 1999
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature JOFLYN DELA CERNA
Name in Print _____
Title or Position _____
Date JAN 25 2000

REMARKS/ANNOTATION
For OCRG USE ONLY:
Population Registrar No. _____
TO BE FILLED ON AT THE OFFICE OF THE CIVIL REGISTRAR:
41 9934516
42 1
43 1 30 12 99
44 22 12 19
45 1
46 01 3260
47 1 1
48 21 01 10
49 290 22
50 22 12 19
51 1 1
52 589 23
53 1
54 1

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ON OCTOBER 10, 2001 AT QUEZON CITY.
HENCEFORTH, THE CHILD SHALL BE KNOWN AS: JOHN CARLO CARTA AREVALO

SID: 3065CAZ88013416B90000838F7C0D3220058A4C

MR. STEPHEN R. OCELA
Civil Registrar General
11/24/2011 10:18:55 AM

COSM

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

08760-37-991LSD-00598-BI001

BEST POSSIBLE IMAGE



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