



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 or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 10a.)

1990

Province CEBU Registrar's Office No. 2000 22649

City/Municipality CEBU CITY (First) (Middle) (Last)

1. NAME MARK ANTHONY ALIVIO DELA FUENTE  
2. SEX  1 Male  2 Female  
3. DATE OF BIRTH 28 AUGUST 2000 (day) (month) (year)

4. PLACE OF BIRTH CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU  
(Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)

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) SEVENTH (first, second, third, etc.)  
d. WEIGHT AT BIRTH 2,660 grams

6. MAIDEN NAME JACINTA CARAHUG ALIVIO (First) (Middle) (Last)

7. CITIZENSHIP FIL. 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 7  
b. No. of children still living including this birth: 7  
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 42 years

12. RESIDENCE UPPER SAMPAGUITA, BANILAD CEBU CITY CEBU (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME VICENTE TAGUAN DELA FUENTE (First) (Middle) (Last)

14. CITIZENSHIP FIL. 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION EMPLOYEE 17. Age at the time of this birth: 50 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
APRIL 24, 1977 BOGO, 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 11:05 o'clock  
am/pm on the date stated above.

Signature \_\_\_\_\_  
Name in Print FLORIANTE F. MACEDA, M.D. Address CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY  
Title or Position PHYSICIAN Date AUGUST 28, 2000

20. INFORMANT  
Signature \_\_\_\_\_  
Name in Print VICENTE DELA FUENTE Address UPPER SAMPAGUITA, BANILAD CEBU CITY, CEBU  
Relationship to the child FATHER Date AUGUST 28, 2000

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print MARIA ANITA C. HERNANDEZ  
Title or Position CLERK  
Date AUGUST 28, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print AGNESS DENAPU  
Title or Position CLERK  
Date \_\_\_\_\_

REMARKS/ANNOTATION	
For OCRG USE ONLY: Population Reference No. <u>2217-600QU04-0</u>	
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
41	<u>200022649</u>
48	<input type="checkbox"/>
49	<input type="checkbox"/>
50	<u>28082000</u>
56	<u>22175</u>
61	<input type="checkbox"/>
62	<input type="checkbox"/>
66	<input type="checkbox"/>
68	<input type="checkbox"/>
70	<u>6</u>
72	<input type="checkbox"/>
74	<input type="checkbox"/>
76	<u>2</u>
78	<u>42</u>
81	<u>22175</u>
86	<input type="checkbox"/>
87	<input type="checkbox"/>
88	<u>220</u>
91	<u>50</u>
93	<input type="checkbox"/>
94	<input type="checkbox"/>
000193	