

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

OB-713532  
3-1-2000

REMARKS/ANNOTATION  
Delayed Registration  
Legitimated by subsequent  
marriage of parents on May  
13, 1994 at Iligan City under  
Reg. Act. No. 2000-61.  
CERTIFIED TRANSCRIPTION OF  
THE ORIGINAL.

Fill out completely, accurately, and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province **Lanao del Norte**  
City/Municipality **Iligan City**

Registry No. **94-3467**

**JORMA R. ARANTO**  
REGISTRATION OFFICER I

1. NAME	First	(Middle)	(Last)
	<b>MARK DEMSON</b>	<b>LIBATON</b>	<b>TECSON</b>
2. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
3. DATE OF BIRTH	<b>02 November 1987</b>		
4. PLACE OF BIRTH	<b>Mercy Community Clinic, Kamague, Iligan City, Lanao del Norte</b>		
5a. TYPE OF BIRTH	<input checked="" type="checkbox"/> Single		
6. BIRTH ORDER	<b>First</b>		
7. WEIGHT AT BIRTH	<b>2948</b> grams		
8. MOTHER'S NAME	<b>ELVIE</b>	<b>HILOT</b>	<b>LIBATON</b>
9. CITIZENSHIP	<b>Filipino</b>		
10. RELIGION	<b>Roman Catholic</b>		
9a. Total number of child ever born alive	<b>One</b>	b. No. of children still living including this birth	<b>One</b>
9c. No. of children born alive but are now dead	<b>None</b>		
10. OCCUPATION	<b>Housewife</b>		
11. Age at the time of this birth	<b>21</b> years		
12. RESIDENCE	<b>Dituocalan</b>	<b>Iligan City</b>	<b>Lanao del Norte</b>
13. NAME	<b>DESMOND</b>	<b>LASPIÑAS</b>	<b>TECSON</b>
14. CITIZENSHIP	<b>Filipino</b>		
15. RELIGION	<b>Roman Catholic</b>		
16. OCCUPATION	<b>None</b>		
17. DATE AND PLACE OF MARRIAGE	<b>May 13, 1994 Iligan City</b>		

Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	9	4	0	3	5	6	7
48	2						
49	1	0	2	1	1	8	7
58	3	5	0	4	8		
61	1						
62	0	1	2	9	4	8	
68	1	1	1	1	1	1	1
70	0	1	0	2	0	0	
76	2	2	0	2	1		
81	3	5	0	4	8		
86	1	1					
88	9	9	9	2	1		

**CERTIFIED PHOTO COPY**  
JHELMAR GARCIA  
REGISTRATION OFFICER I  
BIRTH DIVISION

19a. ATTENDANT  
 Physician  
 Midwife  
 Other (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I secured the birth of the child who was born on **11:40 pm** on the date **May 13, 1994** at **Iligan City**.

Signature (SGD) **Della Morales Bental, MD**  
Name in Print **Della Morales Bental, MD**  
Title or Position **Attending Physician**  
Date **May 18, 1994**

Signature (SGD) **DESMOND L. TECSON**  
Name in Print **DESMOND L. TECSON**  
Title or Position **Father**  
Date **May 18, 1994**