(Copy for OCRG)

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

(Type or print legibly using black ink or typewriter. Write in capital letters. Mark ☐ for no and ☐ for yes.)

Province _____ Registry No. 97-2360
City/Municipality _____

**REMARKS/ANNOTATION**

For OCRG USE ONLY: Population Reference No. 2244-1997J565-9

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

**CHILD**

1. NAME: First (Given) Name: Marion; Middle Name: Sevel; Last (Surname): Delmoro
2. SEX: x 1 Male ☐ 2 Female
3. DATE OF BIRTH: (day) 05 (month) May (year) 1997
4. PLACE OF BIRTH: (Name of hospital/Clinic/Institution) Mactan Community Hospital; (City/Municipality) Basak, Lapu-Lapu City; (Province) Cebu
5a. TYPE OF BIRTH: x 1 Single ☐ 2 Twin ☐ 3 Triplet ☐ 4 Quadruplet ☐ 5 Others, Specify
b. IF MULTIPLE BIRTH, CHILD WAS: ☐ 1 First ☐ 2 Second ☐ 3 Others, Specify
c. BIRTH ORDER: 1st (Write in words, for single birth, including stillbirth)
d. WEIGHT AT BIRTH: 2,750 grams

**MOTHER**

6. MAIDEN NAME: First (Given) Name: Alecia; Middle Name: Ochea; Last (Surname): Amoro
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: ____
b. Number of children still living including this birth: 1
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Employee
11. Age at the time of this birth: 32 years
12. RESIDENCE: (House No., Street, Barangay) Maslog Rd.; (City/Municipality) Marigondon, Lapu-Lapu City; (Province) Cebu

**FATHER**

13. NAME: First (Given) Name: Alfredo; Middle Name: Potillas; Last (Surname): Delmoro Jr.
14. CITIZENSHIP: Filipino
15. RELIGION: Seventh Day Adventist
16. OCCUPATION: Overseas Contract Worker
17. Age at the time of this birth: 32 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity on the back)
May 03, 1986 Parish De Regla Church Lapu-Lapu City Cebu

19a. ATTENDANT: x 1 Physician ☐ 2 Nurse x 3 Midwife ☐ 4 Hilot (Traditional Midwife) ☐ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH: I hereby certify that I assisted in the birth of the child who was born alive at 12:16 a.m. o'clock am/pm on the date stated above.
Signature: _____
Name in Print: Jose Kimmegar
Title or Position: Attending Physician
Address: C/O Mactan Community Hospital Basak, Lapu-Lapu City
Date: May 05, 1997

20. INFORMANT
Signature: _____
Name in Print: Mrs. Alecia Delmoro
Relationship to Child: Mother
Address: Maslog Rd. Marigondon, Lapu-Lapu City
Date: May 05, 1997

21. PREPARED BY
Signature: _____
Name in Print: Ms. Mercedes Melinit
Title or Position: Medical Records In-Charge
Date: May 05, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: _____
Name in Print: Mrs. Elisa P. Yoong
Title or Position: City Civil Registrar
Date: May 13, 1997

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| 55 | | | | | | | | 61 | | 62 | | 63 | | | | | | | |
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| 93 | | | | | | | | 94 | | | | | | | | | | | |

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BEST POSSIBLE IMAGE

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General