



Municipal Form No. 102
(Revised 1983)

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

(To be accomplished in triplicate)

PROVINCE cebu LOCAL CIVIL REGISTRY NO. 92-896
CITY/MUNICIPALITY cebu city

1. NAME (First) Mary Chelle (Middle) Santos (Last) Mirafuentes

2. SEX (Place 'X' on appropriate answer)
1 Male X 2 Female

3. DATE OF BIRTH (Day) (Month) (Year)
10 September 1992

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
Southern Is. Medical Center cebu city

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH CHILD WAS
X 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
Mary Grace Gabucan Santos filipino r. catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Daniel Sanchez Mirafuentes Filipino r. catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
December 29, 1990 Redemptorist cebu city

13. CERTIFICATE OF ATTENDANT AT BIRTH 2:50 AM
I hereby certify that I attended the birth of the child who was born alive at 2:50 o'clock a.m./p.m. on the date stated above.
Signature [Signature] Address SINC Cebu City
Name in print Dr. R. Ala, M.D.
Title or position Physician Date 10 September 1992

14. INFORMANT
Signature [Signature] Address 82 G Cabantan Mabolo cebu city
Name in print Mary Grace Mirafuentes
Relationship to child Physician Date September 10, 1992

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Signature NIDA A. NUNEZ
Name in print Marivic Alguera Name in print CLERK III
Title or position Nurse Title or position CLERK III
Date 10 September 1992 Date 10/10/92

16a. INFORMATION GIVE IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 0450

(Important: Informant should also provide information for Items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE cebu CITY/MUNICIPALITY cebu city

17. Weight at Birth (In grams) 2863 16

18. Birth Order of Child Ex. first, second, etc. 2 20

19a. Total Number of Children Born Alive 22 22 b. How many children are now living including this birth? 2 24 c. How many children were born alive but are now dead? 0 24

20. Usual Occupation None 26

21. Age at the time of this Birth 23 31

22. Usual Residence (Barangay) (City/Municipality) (Province)
82 G Cabantan Mabolo cebu city 33

23. Usual Occupation Laborer 36

24. Age at the time of this Birth 28 41

25. Attendant at Birth (Place 'X' on appropriate answer) X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Midot ___ 5 Others 43

Sex 44 Male 45 Female Date of Birth 10/09/92 46 Place of Birth CEBU 51 Mother's Nationality 55 Father's Nationality 57

NAME OF CHILD
First MARY Middle GRACE Last MIRAFUENTES
 68 70 71

03230-B5-991MJF-00601-BI001

BEST POSSIBLE IMAGE



T080032309910060111042008001

BReN
02217-A92TA0A-8

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office