



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)

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 15a.)

Province: Cebu City/Municipality: Cebu City

CHILD	1. NAME (First) <u>TEZIANIEL</u> (Middle) (Last) <u>ESPINOSA</u>	REMARKS/ANNOTATION	
	2. SEX: <u>X</u> Male <u>  </u> Female		3. DATE OF BIRTH: <u>24</u> <u>October</u> <u>2000</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Cebu Doctors' Hospital</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>		For OCRG USE ONLY: Population/Reference No. <u>107-300V301-3</u>
	5a. TYPE OF BIRTH: <u>1</u> Single <u>  </u> 2 Twin <u>  </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS: <u>1</u> First <u>  </u> 2 Second <u>  </u> 3 Others, Specify
6. BIRTH ORDER (by births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH: <u>2,355</u> grams	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR:	
7. MOTHER'S NAME (First) <u>Maribel</u> (Middle) <u>Salabon</u> (Last) <u>Espinosa</u>	8. RELIGION: <u>Roman Catholic</u>		61 <u>30029274</u>
9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</u>		62 <u>  </u>
10. OCCUPATION: <u>Housewife</u>	11. Age at the time of this birth: <u>18</u> years		63 <u>  </u>
12. RESIDENCE (House No., Street, Barangay) <u>391-A Cahiba St. Hipodromo</u> (City/Municipality) <u>Cebu City</u> (Province) <u>Cebu</u>	13. NAME (First) <u>Arnis Jun</u> (Middle) <u>Sinolirao</u> (Last) <u>Marinay</u>	64 <u>012350</u>	
14. CITIZENSHIP: <u>Philippine</u>	15. RELIGION: <u>Roman Catholic</u>	65 <u>  </u> 66 <u>  </u>	
16. OCCUPATION: <u>Housekeeper</u>	17. Age at the time of this birth: <u>18</u> years	67 <u>  </u> 68 <u>  </u> 69 <u>  </u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not Married</u>		70 <u>  </u> 71 <u>  </u> 72 <u>  </u> 73 <u>  </u>	
19a. ATTENDANT: <u>1</u> Physician <u>  </u> 2 Nurse <u>  </u> 3 Midwife <u>  </u> 4 <u>  </u> (Traditional Midwife) <u>  </u> 5 Others (Specify)		74 <u>220</u> 75 <u>  </u> 76 <u>  </u>	
19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at <u>8:23 A.M.</u> on <u>October 24, 2000</u> at <u>Cebu Doctors' Hospital</u> , <u>Cebu City</u> . Signature: <u>Arnis Jun M.D.</u> Address: <u>Cebu Doctors' Hospital, Cebu City</u> Name in Print: <u>Arnis Jun M.D.</u> Date: <u>October 24, 2000</u> Title or Position: <u>Attending Physician</u>		77 <u>  </u> 78 <u>  </u> 79 <u>  </u>	
20. INFORMANT: Signature: <u>Maribel A. Espinosa</u> Address: <u>391-A Cahiba St., Hipodromo, Cebu City</u> Name in Print: <u>Maribel A. Espinosa</u> Date: <u>October 24, 2000</u> Relationship to the child: <u>Mother</u>		80 <u>220</u> 81 <u>  </u> 82 <u>  </u>	
21. PREPARED BY: Signature: <u>Renita M. Salabon</u> Title or Position: <u>Medical Records Clerk</u> Date: <u>October 24, 2000</u>		83 <u>  </u> 84 <u>  </u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: <u>DMFSC DENAP</u> Title or Position: <u>CLERK</u> Date: <u>  </u>		85 <u>  </u> 86 <u>  </u>	

THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM ESPINOSA TO MARINAY ON JUNE 06, 2012. THE CHILD SHALL BE KNOWN AS: TEZIANIEL ESPINOSA MARINAY, PURSUANT TO R.A. 9255.

SID: 0233785C48E4F689877C0A4F910F54A37172

MR. GORTING & CO. (PHIL.) INC. (Makati Office) 0717/4/2012 08:50:40 AM

04582-7E-004CBD-00011-BI012

BRn 02217-B00VQ1L-7

*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



T004045820040001107182012012  
SH500153380





For births before 3 August 1988/on or after 3 August 1988

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We/I, Arturo Jun Binalirao Marinas and N/A parent(s) of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

\_\_\_\_\_  
(Signature of Father) \_\_\_\_\_  
(Signature of Mother)

Community Tax No. 7523300 Community Tax No. N/A  
Date Issued \_\_\_\_\_ Date Issued N/A  
Place Issued \_\_\_\_\_ Place Issued N/A

SUBSCRIBED AND SWORN to before me this 06 day of Oct 27 2000  
at ROLANDO C. GRAPA, Philippines.

\_\_\_\_\_  
Notary Public  
Ugich Uich St. NPO  
(Signature of Administering Officer)  
\_\_\_\_\_  
(Name in Print)  
Proc. No. 277  
Page No. 1/1  
Book No. 1111  
(Title/Designation)  
\_\_\_\_\_  
(Address)

Not applicable for births before 27 February 1981

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, \_\_\_\_\_, of legal age, single/married and with residence and postal address at \_\_\_\_\_ after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
- That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
- That I/he/she is a citizen of \_\_\_\_\_
- That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
- That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
- (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

\_\_\_\_\_  
(Signature of Affiant)  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 5000 day of \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature of Administering Officer) \_\_\_\_\_  
(Title/Designation)  
\_\_\_\_\_  
(Name in Print) \_\_\_\_\_  
(Address)

04582-7E-004CBD-00011-BI012  
BEST POSSIBLE IMAGE

BReN  
02217-B00VQ1L-7

*Carmelita N. ERICTA*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

