



(Copy for OCRG)

Municipal Form No. 102 Revised January 1993		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION  2073	
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 <u>CEBU</u>			Registry No. <u>97-5871</u>		
City/Municipality <u>CEBU CITY</u>					
1. NAME (First) <u>Marjorie</u> (Middle) <u>Mahusay</u> (Last) <u>Banlaygas</u>					
2. SEX <u>1</u> Male <u>X</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>6</u> <u>Mar.</u> <u>1997</u>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>310 F. Llamas St. Punta Princesa C.C.</u>				
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>4<sup>th</sup></u>		d. WEIGHT AT BIRTH <u>3,002</u> grams		
MOTHER	6. MAIDEN NAME (First) <u>Maricetta</u> (Middle) <u>Elominada</u> (Last) <u>Mahusay</u>				
	7. CITIZENSHIP <u>Fil.</u>		8. RELIGION <u>R.C.</u>		
	9a. Total number of children born alive: <u>4</u>		b. No. of children still being including this birth: <u>4</u>		c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>H.W.</u>			11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>310 F. Llamas St. Punta Princesa, C.C.</u>					
FATHER	13. NAME (First) <u>Godofredo</u> (Middle) <u>Legaspi</u> (Last) <u>Banlaygas</u>				
	14. CITIZENSHIP <u>Fil.</u>		15. RELIGION <u>R.C.</u>		
	16. OCCUPATION <u>Driver</u>		17. Age at the time of this birth: <u>40</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Nov. 29, 1996</u> <u>Guadalupe Church</u>					
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>X</u> <u>3</u> Midwife <u>4</u> Healer (Traditional Healer) <u>5</u> Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:00</u> o'clock am/p.m. on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>Poncilio F. Supe</u> Title or Position <u>PHM II</u>		Address <u>246-L Tres de Abril St. Punta Princesa C.C.</u> Date <u>March 8, 1997</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>Godofredo L. Banlaygas</u> Relationship to the child <u>Father</u> Address <u>310 F. Llamas St. Punta Princesa C.C.</u> Date <u>March 8, 1997</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Poncilio F. Supe</u> Title or Position <u>PHM II</u> Date <u>March 8, 1997</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>GLAUBEN</u> Title or Position <u>CLERK</u> Date <u>APR 04 1997</u>		

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

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