

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

REMARKS/ANNOTATION

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 19a.)

Province Southern Leyte
City/Municipality Hinunangan

Registry No. 97- 728

1. NAME (First) (Middle) (Last)
MARK ANTHONY FABUNAN CINCO
2. SEX X Male Female
3. DATE OF BIRTH (day) (month) (year)
8 December 1997

For OCRG USE ONLY:
Population Reference No.

6403-A97Y801-4

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Sto. Nino I, Hinunangan, So. Leyte

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

5a. TYPE OF BIRTH 1. Single X 2. Twin
3. Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
1. First 2. Second
3. Others, Specify

9700728

c. BIRTH ORDER (live births and fetal deaths
including this delivery)
First (first, second, third, etc.)
d. WEIGHT AT BIRTH
7 lbs. grams

1

6. MAIDEN NAME (First) (Middle) (Last)
ARLYN USARES TABUNAN

1 081297

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01
b. No. of children still living including this birth: 01
c. No. of children born alive but are now dead: 00

64030

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 25 years

1

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sto. Nino I, Hinunangan, Southern Leyte

013175

13. NAME (First) (Middle) (Last)
ANTONIO CAMAHIAN CINCO

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

1 1

16. OCCUPATION Farmer 17. Age at the time of this birth: 33 years

010100

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

Oct. 19, 1996- Hinunangan, So. Leyte

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

220 25

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 10:15 o'clock
am/pm on the date stated above.

64030

Signature FELICIANO D. TABUDLONG Address Sto. Nino I,
Name in Print Hinunangan, So. Leyte
Title or Position Midwife Date Dec. 8, 1997

1 1

20. INFORMANT

Signature FELICIANA D. TABUDLONG Address Sto. Nino I,
Name in Print Hinunangan, So. Leyte
Relationship to the child Midwife Date Dec. 15, 1997

619 33

21. PREPARED BY

Signature NICANORA T. ODILAO
Name in Print Mun. Civil Registrar
Title or Position
Date Dec. 15, 1997

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR

Signature NICA NORA T. ODILAO
Name in Print Mun. Civil Registrar
Title or Position
Date Dec. 15, 1997

1 12-19-96

64030 0940

3 12-15-97

08083-9C-402ALL-00487-BI006

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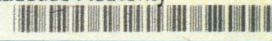
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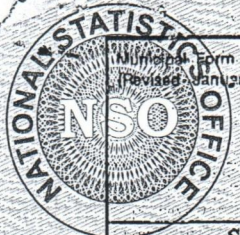
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



(Copy for OCRG)


 National Form No. 102
 (Revised January 1993)

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REMARKS/ANNOTATION

 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 19a.)

Province <u>Southern Leyte</u>		Registry No. <u>97- 728</u>
City/Municipality <u>Hinunangan</u>		
1. NAME (First) <u>MARK ANTHONY</u> (Middle) <u>TABUNAN</u> (Last) <u>CLINCO</u>	For OCRG USE ONLY: Population Reference No. <u>6403-A97Y801-4</u>	
2. SEX <u>Male</u> 2 Female	3. DATE OF BIRTH (day) <u>8</u> (month) <u>December</u> (year) <u>1997</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Sto. Nino I, Hinunangan, So. Leyte</u>		41 <u>9700728</u>
5a. TYPE OF BIRTH <u>X</u> 1 Single 2 Twin 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First 2 Second 3 Others, Specify	42 <u>1</u>
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>7 lbs.</u> grams	43 <u>1</u>
6. MAIDEN NAME (First) <u>ARLYN</u> (Middle) <u>USARES</u> (Last) <u>TABUNAN</u>		44 <u>1</u>
7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>	45 <u>1</u>
9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</u>	46 <u>1</u>
c. No. of children born alive but are now dead: <u>00</u>		47 <u>1</u>
10. OCCUPATION <u>Housekeeper</u>	11. Age at the time of this birth: <u>25</u> years	48 <u>1</u>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Sto. Nino I, Hinunangan, Southern Leyte</u>		49 <u>1</u>
13. NAME (First) <u>ANTONIO</u> (Middle) <u>GAMAHANAN</u> (Last) <u>CLINCO</u>		50 <u>1</u>
14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>	51 <u>1</u>
16. OCCUPATION <u>Farmer</u>	17. Age at the time of this birth: <u>33</u> years	52 <u>1</u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Oct. 19, 1996- Hinunangan, So. Leyte</u>		53 <u>1</u>
19a. ATTENDANT <u>X</u> 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify)		54 <u>1</u>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:15</u> o'clock <u>am</u> on the date stated above.		55 <u>1</u>
Signature <u>FELICIANO D. TABUDLONG</u> Address <u>Sto. Nino I, Hinunangan, So. Leyte</u>	Title or Position <u>Midwife</u> Date <u>Dec. 8, 1997</u>	56 <u>1</u>
Signature <u>FELICIANA D. TABUDLONG</u> Address <u>Sto. Nino I, Hinunangan, So. Leyte</u>	Title or Position <u>Midwife</u> Date <u>Dec. 15, 1997</u>	57 <u>1</u>
Signature <u>NICANORA T. ODILAO</u> Address <u>Mun. Civil Registrar</u>	Title or Position <u>Mun. Civil Registrar</u> Date <u>Dec. 15, 1997</u>	58 <u>1</u>
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>NICANORA T. ODILAO</u> Address <u>Mun. Civil Registrar</u>		59 <u>1</u>
Title or Position <u>Mun. Civil Registrar</u> Date <u>Dec. 15, 1997</u>		60 <u>1</u>

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 VISAYAS STATE UNIVERSITY
 VISCA, BAYBAY CITY, LEYTE
 OFFICE OF THE UNIVERSITY REGISTRAR
 CERTIFIED TRUE COPY OF THE ORIGINAL

 EUSEBIO D. OLLERAS
 REGISTRAR

CARMELITA N. ERICIA

 Administrator and Civil Registrar General
 National Statistics Office