



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		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 15a.)					
Province <u>Cebu</u>		Registry No. <u>97-00513</u>			
City/Municipality <u>Sibonga</u>					
1. NAME (First) (Middle) (Last) <u>SANRYSS MARIEL VILLEGAS BLANCO</u>		2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		For OCRG USE ONLY: Population Reference No. <u>2246-A97MN05-1</u>	
3. DATE OF BIRTH (day) (month) (year) <u>22 June 1997</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Lindogon, Sibonga, Cebu</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>99000513</u>	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <u>220697</u>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>5th</u>		d. WEIGHT AT BIRTH <u>2722</u> grams		51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <u>15 2922</u>	
6. MAIDEN NAME (First) (Middle) (Last) <u>Cirila Suan Villegas</u>		7. CITIZENSHIP <u>Fil.</u>		8. RELIGION <u>R. C.</u>	
9a. Total number of children born alive: <u>5</u>		b. No. of children still living including this birth: <u>5</u>		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>housewife</u>		11. Age at the time of this birth: <u>29</u> years		55 <u>224697</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Lindogon, Sibonga, Cebu</u>		13. NAME (First) (Middle) (Last) <u>Prisco Blanco</u>		14. CITIZENSHIP <u>Fil.</u>	
15. RELIGION <u>R. C.</u>		16. OCCUPATION <u>laborer</u>		17. Age at the time of this birth: <u>29</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Sept. 22, 1988 Simala Sibonga Cebu</u>		19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Heil (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		56 <u>224697</u>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:20am</u> o'clock am/pm on the date stated above.		Signature <u>[Signature]</u> Name in Print <u>DIOSCORA CARPENTERO</u> Title or Position <u>midwife</u>		57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <u>999</u> 60 <u>29</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ELENA BLANCO</u> Relationship to the child <u>Auntie</u>		Address <u>Lindogon, Sibonga, Cebu</u> Date <u>July 1, 1997</u>		61 <u>224697</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>YVONNE B. TORRES</u> Title or Position <u>LCR/UTILITY I</u> Date <u>July 1, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EDUARDO C. MENDES</u> Title or Position <u>LCR</u> Date <u>July 1, 1997</u>		62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <u>15</u> 71 <u>05</u> 72 <u>00</u> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <u>220</u> 77 <u>29</u>	

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BEST POSSIBLE IMAGE



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

