



(Copy for OCRG)

Municipal Form No. 102  
(Revised January 1993)  
(To be accomplished in quadruplicate)  
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.)

REMARKS/ANNOTATION

Province CEBU  
City/Municipality CEBU CITY  
Registry No. 96-1152

1. NAME (First) (Middle) (Last)  
EDGAR III OMPAD VILLARANTE

For OCRG USE ONLY:  
Population Reference No.

2. SEX  1 Male  2 Female  
3. DATE OF BIRTH (day) (month) (year)  
12 JANUARY 1996

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)  
METRO CEBU COMMUNITY HOSPITAL CEBU CITY CEBU

41  
9601152

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

48  
1

c. BIRTH ORDER (live births and fetal deaths including this delivery)  
SECOND (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
3005 grams

49 50  
1 120196

6. MAIDEN NAME (First) (Middle) (Last)  
MA. JEANNA VILLAHERMOSA OMPAD

7. CITIZENSHIP FILIPINO  
8. RELIGION ROMAN CATHOLIC

56  
22178

9a. Total number of children born alive: 2  
b. No. of children still living including this birth: 2  
c. No. of children born alive but are now dead: 0

61  
1

10. OCCUPATION SECRETARY  
11. Age at the time of this birth: 31 years

62 64  
02 3005

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
5-D VISITACION ST. JONES AVE. CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
EDGAR, JR. DOLLOSO VILLARANTE

68 69  
1 1

14. CITIZENSHIP FILIPINO  
15. RELIGION ROMAN CATHOLIC

16. OCCUPATION NONE  
17. Age at the time of this birth: 29 years

70 72 74  
02 02 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
JUNE 18, 1988 / ST. THERESE CHURCH CEBU CITY

76 79  
311 311

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

81  
22178

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 10:21 P.M. clock am/pm on the date stated above.

Signature OYE RAAGAS, M.D. Address CEBU CITY  
Name in Print  
Title or Position PHYSICIAN Date JANUARY 12, 1996

86 87  
1 1 1570

20. INFORMANT  
Signature EDGAR D. VILLARANTE Address 5-D VISITACION ST. JONES AVE. CEBU CITY  
Name in Print  
Relationship to the child FATHER Date JANUARY 14, 1996

88 91  
290 29

21. PREPARED BY  
Signature ALBINA S. BANEZ  
Name in Print  
Title or Position CLERK Date JANUARY 14, 1996

93  
1 061888 22178 013096

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_ Date \_\_\_\_\_

94  
1

03021-BC-999DPC-02259-BI001

BEST POSSIBLE IMAGE



BReN  
02217-A96ACOM-1

*Carmelita N. ERICTA*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar