



Form No. 102  
Revised 1989

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 20-2465  
CITY/MUNICIPALITY Cebu City

1. NAME (First) (Middle) (Last)  
MAVLEEN ENGIS VILLEGAS  
2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)  
1 Male X 2 Female 27 September 1990

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) (City/Municipality) (Province)  
Cebu Doctors' Hospital Cebu City Cebu

5. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS  
X 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

6. NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
Carmelita Oliveros Engis Filipino R. Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
Ronito Rama dela Villegas Filipino R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the birth)  
May 17, 1990 Mabolo Parish Church, Cebu City

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 1:06 a.m. on the date stated above.  
Signature [Signature] Address Cebu Doctors' Hospital  
Name in print JOSEFINA EBAO, M.D. Osmeña Blvd., Cebu City  
Title or position Attending Physician Date Sept. 27, 1990

14. INFORMANT  
Signature [Signature] Address Holy Name  
Name in print RONITO VILLEGAS Mabolo, Cebu City  
Relationship to child Father Date Sept. 27, 1990

15. RECEIVED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature] Signature [Signature]  
Name in print Dem D. Ministerio Name in print [Signature]  
Title or position medical records clerk Title or position [Signature]  
Date Sept. 27, 1990 Date [Signature]

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

RESERVE FOR BINDING

PROVINCE Cebu Local Civil Registry No. 20-2465 Registrar's Stamp [Stamp]  
CITY/MUNICIPALITY Cebu City

17. Weight at Birth (In grams) 3149 18. Birth Order of Child Ex. first, second, etc. 1st.  
19a. Total Number of Children Born Alive 01 19b. How many children are now living including this birth? 01 19c. How many children were born alive but are now dead? 0  
20. Usual Occupation Clerk 21. Age at the time of this Birth 23  
22. Usual Residence (Barangay) Mabolo (City/Municipality) Cebu City (Province) Cebu  
23. Usual Occupation Employee 24. Age at the time of this Birth 23  
25. Attendant at Birth (Place 'X' on appropriate answer) X 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Others

Sex 44 Date of Birth 45 Place of Birth 51 Mother's Nationality 56 Father's Nationality 57

NAME OF CHILD  
First [Name] M.I. [Name] Last [Name]

05128-21-999SCL-02240-B1001  
BEST POSSIBLE IMAGE

BREN  
02217-A90TT09-4

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



Documentary  
Stamp Tax Paid