



Municipal Form No. 102 (Revised January 2007) accomplished in quadruplicate using (black ink)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province **CEBU** Registry No. **2018 14603**  
City/Municipality **CEBU CITY**

**CHILD**  
1. NAME (First) (Middle) (Last) **ZACHARY ALJAN VILLAMOR**  
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) (Month) (Year) **30 MAY 2018**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) **PERPETUAL SUCCOUR HOSPITAL, GORORDO AVENUE, CEBU CITY, CEBU**  
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N.A.** 5c. BIRTH ORDER (First, etc.) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3250** grams

**MOTHER**  
7. MOTHER'S NAME (First) (Middle) (Last) **CHARLENE FIGURACION VILLAMOR**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **1** 10b. No. of children still being including this birth **1** 10c. No. of children born alive but one now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (approximate years) **17**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **466 EMJ CUENCO AVENUE, CEBU CITY, CEBU, PHILIPPINES**

**FATHER**  
14. NAME (First) (Middle) (Last) **BERNARDO JR. BAUTISTA GAPAY**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (approximate years) **20**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **124-E LOREGA ST., CEBU CITY, CEBU, PHILIPPINES**

MARRIAGE OF PARENTS (If not married, acceptance Affidavit of Acknowledgement/Acceptance of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

21a. ATTENDANT **NOT MARRIED** **NOT MARRIED**  
✓ 1. Physician \_\_\_ 2. Nurse \_\_\_ 3. Midwife \_\_\_ 4. Hilot (Traditional Birth Attendant) \_\_\_ 5. Others (Specify) \_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.)  
I hereby certify that I attended the birth of the child who was born alive at **5:25 PM anypm** on the date of birth specified above.

Signature \_\_\_\_\_ Address **C/O PERPETUAL SUCCOUR HOSPITAL, CEBU CITY, CEBU**  
Name in Print **CHRISTIE LUZ ROSAL, M.D.** Title or Position **ATTENDING PHYSICIAN/** Date **June 05, 2018**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature \_\_\_\_\_ Relationship to the Child **MOTHER**  
Name in Print **CHARLENE F. VILLAMOR** Address **468 EMJ CUENCO AVENUE, CEBU CITY**  
Date **June 05, 2018**

23. PREPARED BY  
Signature \_\_\_\_\_ Name in Print **JANE P. TANGO-AN** Title or Position **MEDICAL RECORD CLERK** Date **June 05, 2018**  
24. RECEIVED BY  
Signature \_\_\_\_\_ Name in Print **LUZ H. CUGAY** Title or Position **ADMINISTRATIVE AIDE-III** Date **JUN 08 2018**  
25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in Print **PHILIP A. MEGABON** Title or Position **REGISTRATION OFFICER IV** Date **JUN 08 2018**

REMARKS/ANNOTATIONS (For LCRO/OCR Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
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08105-90-400ROC-00392-BI001  
BEST POSSIBLE IMAGE



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IP000787847

BReN  
02217-B18JW12-2

Documentary  
Stamp Tax Paid

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

