

(Copy for OCR)



Philippine Statistics Authority
 National 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.)

Province CEBU Registry No. 2001 19108

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
NATHANIEL GOMIBONG VILLAREN

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
21 JULY 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
CEBU INER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH 2,680 grams

6. MAIDEN NAME (First) (Middle) (Last)
CLEOPE FACULBA GOMIBONG

7. CITIZENSHIP PILIPINO **8. RELIGION** ROMAN CATHOLIC

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

10. OCCUPATION PRODUCTION WORKER **11. Age at the time of this birth:** 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
162 SITIO MANGA TISA LABANGON, CE' CITY, CEBU

13. NAME (First) (Middle) (Last)
NILO TABANAS VILLAREN

14. CITIZENSHIP PILIPINO **15. RELIGION** ROMAN CATHOLIC

16. OCCUPATION DRAFTSMAN **17. Age at the time of this birth:** 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 18, 2000 - CEBU CITY

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

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 10:07 P. (clock am/pm) on the date stated above.

Signature _____ Address CEBU INER. CENTER & MAT. HOUSE, INC., CEBU CITY
 Name in Print STEPHEN ATUPAN, M.D.
 Title or Position PHYSICIAN Date JULY 21, 2001

20. INFORMANT
 Signature _____ Address 162 SITIO MANGA, TISA LABANGON, CEBU CITY
 Name in Print CLEOPE G. VILLAREN
 Relationship to the child MOTHER Date JULY 21, 2001

21. PREPARED BY
 Signature _____
 Name in Print CHARIS D. ROMAS
 Title or Position CLERK
 Date JULY 21, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print _____
 Title or Position _____
 Date JULY 23 2001

REMARKS/ANNOTATION

For OCR USE ONLY:
 Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____
 48 _____
 49 50 _____
 56 _____
 61 _____
 62 64 _____
 68 69 _____
 70 72 74 _____
 76 79 _____
 81 _____
 87 _____
 88 81 _____
 93 _____
 94 _____

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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

