

(Copy for DCRG)



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 <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 13a.)</small>			
Province <u>CEBU</u>		Registration No. 2005 24970	
City/Municipality <u>CEBU CITY</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>TRISHA</u> <u>LABORA</u> <u>DEL VILLAR</u>		
	2. SEX <u>1</u> Male <u>F</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>14</u> <u>AUGUST</u> <u>2005</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>MARGARITA BIRTHING CENTER, CEBU CITY, CEBU</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SEVENTH</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3350</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>EVELYN</u> <u>SANUPAO</u> <u>LABORA</u>		
	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>R. CATHOLIC</u>	
	9a. Total number of children born alive: _____	b. No. of children still living including this birth: _____	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>BUSINESS WOMAN</u>		11. Age at the time of this birth: <u>34</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>301 L SIKATUNA ST., CEBU CITY, CEBU</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>ALBERTO</u> <u>BULING</u> <u>DEL VILLAR</u>		
	14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>R. CATHOLIC</u>	
	16. OCCUPATION <u>BUSINESSMAN</u>		17. Age at the time of this birth: <u>48</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JAN. 18, 1989 - DUMAGUETE CITY</u>			
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>X</u> 3 Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:08 AM</u> o'clock am/pm on the date stated above. <i>Margarita F. Duhaac</i>			
Signature _____ Name in Print <u>MARGARITA F. DUHAC</u> Title or Position <u>MIDWIFE</u>		Address <u>96 J. GORRDO AVENUE, KAMPLUTHAW, CEBU CITY, CEBU</u> Date <u>AUGUST 14, 2005</u>	
20. INFORMANT <i>Evelyn L. Del Villar</i> Signature _____ Name in Print <u>EVELYN L. DEL VILLAR</u> Relationship to the child <u>MOTHER</u>		Address <u>301 L SIKATUNA ST., CEBU CITY, CEBU</u> Date <u>AUGUST 14, 2005</u>	
21. PREPARED BY <i>Margarita F. Duhaac</i> Signature _____ Name in Print <u>MARGARITA F. DUHAC</u> Title or Position <u>MIDWIFE</u> Date <u>AUGUST 14, 2005</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR <i>Oscar B. Molo</i> Signature _____ Name in Print <u>OSCAR B. MOLO</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>26 AUG 2005</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
