



(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, 6b, and 19a.)

Province Cebu Registry No. 98-2607
City/Municipality Talisay

1. NAME (First) Ryko Daniel (Middle) Porton (Last) Villanueva
2. SEX 1 Male 2 Female
3. DATE OF BIRTH 25 Oct. 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Sinabon Medical Clinic, Tabunoc, Talisay, 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

6. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.)
d. WEIGHT AT BIRTH 3,200 grams

6. MAIDEN NAME (First) Ivy (Middle) Caballero (Last) Porton
7. CITIZENSHIP Filipino 8. RELIGION Bontocostal

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION Service Crew 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Unsojong Talisay Cebu

13. NAME (First) Frederick (Middle) Bericastro (Last) Villanueva
14. CITIZENSHIP Filipino 15. RELIGION Bontocostal

16. OCCUPATION Service Crew 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
July 7, 1998 Poblacion, Talisay, Cebu

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
4 Hilot (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 9:25pm o'clock am/pm on the date stated above.

Signature Mrs. Roscarla Sinabon Address _____
Name in Print Physician Date _____
Title or Position _____

20. INFORMANT
Signature Frederick Villanueva Address _____
Name in Print Father Date _____
Relationship to the child _____

21. PREPARED BY
Signature Alvina S. Alviola
Name in Print Midwife
Title or Position _____
Date Oct. 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Silverino A. Anzon
Name in Print SILVERINO A. ANZON
Title or Position MUNICIPAL CIVIL REGISTRAR
Date 10-28-98

REMARKS/ANNOTATION

For OCRG USE ONLY
Population Reference No. 420-A8UR04-2

TO BE FILLED UP AT THE OFFICE OF THE REGISTRAR

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02250-A98UR05-8

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



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