



(To be accomplished in triplicate)

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

bk 27

89-1541

PROVINCE RIZAL LOCAL CIVIL REGISTRY, NO. 89-1541
CITY/MUNICIPALITY ANTIPULO

1. NAME (First) (Middle) (Last)
MARY MAE LABORA VILLAVELIZ
2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)
1 Male X 2 Female 27 March 1989

4. PLACE OF BIRTH (Name of Hospital/Institution if not in hospital, give street/barangay) (City/Municipality) (Province)
Purok 5, Ngy. Nambugan, Antipulo, Rizal

5a. 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.

rather Mother

6. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
Emeliana A. Labora Filipino Catholic

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Manuel S. Villavelez Filipino Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)
October 8, 1983, Talinay, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 6:30 o'clock am/p.m. on the date stated above.
Signature [Signature] Address Bitio Manulita, Ngy. Sta. Cruz, Antipulo, Rizal
Name in print Mora M. Relucio Date April 3, 1989
Title or position Midwife

14. INFORMANT
Signature [Signature] Address Purok 5, Ngy. Nambugan, Antipulo, Rizal
Name in print Manuel S. Villavelez Date April 3, 1989
Relationship to child Father

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Signature [Signature]
Name in print Mora M. Relucio Name in print ILICIO M. SANCION
Title or position Midwife Title or position Local Civil Registrar
Date April 3, 1989 Date April 3, 1989

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 2370

(Important - Informant should also provide information for items 17 to 25. The code boxes are to be filled)

03694-B9-400RPA-00637-BI001

BEST POSSIBLE IMAGE



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BReN
05802-AB9FT0A-9

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICIA

Administrator and Civil Registrar General
National Statistics Office

