Municipal Form No. 102
(Revised August 2010)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: CEBU
City/Municipality: DANAO CITY
Registry No.:

CHILD

1. NAME: VHANA MAKIE (First) (Middle) VILLAVELEZ (Last)
2. SEX: FEMALE
3. DATE OF BIRTH: 11 (Day) JULY (Month) 2018 (Year)
4. PLACE OF BIRTH: (City/Municipality) DANAO CITY (Province) CEBU
5a. TYPE OF BIRTH: SINGLE
5b. IF MULTIPLE BIRTH, CHILD WAS: N/A
5c. BIRTH ORDER: SECOND
6. WEIGHT AT BIRTH: 3200 grams

MOTHER

7. MAIDEN NAME: MARY MAE LABORA (First) (Middle) VILLAVELEZ (Last)
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 2
10b. No. of children living including this birth: 2
10c. No. of children born dead (stillbirth): 0
11. OCCUPATION: TRAVEL AGENT
12. AGE at the time of this birth (Complete years): 22
13. RESIDENCE: (House No., St., Barangay) PANALIPAN (City/Municipality) CATMON (Province) CEBU (Country) PHILIPPINES

FATHER

14. NAME: (First) (Middle) (Last)
15. CITIZENSHIP:
16. RELIGION/RELIGIOUS SECT:
17. OCCUPATION:
18. AGE at the time of this birth (Complete years):
19. RESIDENCE: (House No., St., Barangay) (City/Municipality) (Province) (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE: (Month) (Day) (Year) NOT MARRIED
20b. PLACE: (City / Municipality) (Province) (Country)

21a. ATTENDANT

X 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)

I hereby certify that I attended the birth of the child who was born alive at CEBU PROVINCIAL HOSPITAL (DANAO CITY) on the date of birth specified above.

Signature: ___
Name in Print: CHERRY LAMELA BURANDAY M.D- DPOGS
Title or Position: MEDICAL SPECIALIST II
Address: CEBU PROVINCIAL HOSPITAL (DANAO CITY)
Date: JULY 11, 2018

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: ___
Name in Print: MARY MAE L. VILLAVELEZ
Relationship to the Child: MOTHER
Address: PANALIPAN, CATMON, CEBU
Date: JULY 11, 2018

23. PREPARED BY:

Signature: ___
Name in Print: REYJI MENCHAVEZ
Title of Position: CLERK
Date: JULY 11, 2018

24. RECEIVED BY:

Signature: ___

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

CEBU PROVINCIAL HOSPITAL DANAO
CERTIFIED TRUE COPY
7/12/18