

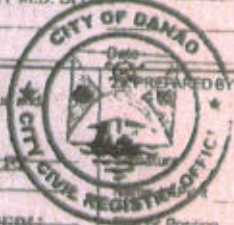


Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

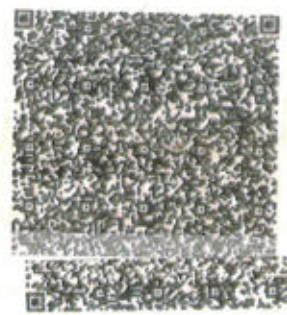
Province CEBU		Registry No. 2018 2460		
City/Municipality DANAO CITY				
CHILD	1. NAME (First) VHANA MARIE (Middle) (Last) VILLAVELEZ			
	2. SEX (Male/Female) FEMALE	3. DATE OF BIRTH (Day) 18 (Month) JULY (Year)		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) DANAO CITY (City/Municipality) CEBU (Province)			
	5a. TYPE OF BIRTH (Single Twin Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of birth to parents in this family, including twinning) (First, Second, Third, etc.) SECOND	5. WEIGHT AT BIRTH 3200 grams
MOTHER	7. MAIDEN NAME MARY MAE VILLAVELEZ			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION TRAVEL AGENT
	13. RESIDENCE (House No., St., Barangay) PANALIPAN (City/Municipality) CATMON (Province) CEBU (Country) PHILIPPINES			
FATHER	14. NAME (First) (Middle) (Last) UNKNOWN			
	15. CITIZENSHIP N/A		16. RELIGION/RELIGIOUS SECT N/A	
	17. OCCUPATION N/A		18. AGE at the time of this birth (completed years) N/A	
	19. RESIDENCE (House No., St., Barangay) N/A (City/Municipality) N/A (Province) N/A (Country) N/A			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) N/A		
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot) I hereby certify that I attended the birth of the child who was born alive at _____ on the date of birth specified above Signature: CHERRY LAMSCA BURIBDAY M.D. EPID. Address: CEBU PROVINCIAL HOSPITAL (DANAO CITY) Name in Print: MEDICAL-SPECIALIST II Date: JULY 11, 2018 Title or Position: _____				
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature: MARY MAE L. VILLAVELEZ Date: _____ Name in Print: MOTHER Date of Position: REY O. MENCHAVEZ Relationship to the Child: PANALIPAN, CATMON, CEBU Date: JULY 11, 2018 Address: JULY 11, 2018 Date: _____				
24. RECEIVED BY Signature: _____ Name in Print: MARIA CONCHITA B. ROBLE Title or Position: ASSISTANT REGISTRATION OFFICER Date: AUGUST 1, 2018		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: _____ Name in Print: ROLAND M. PEREZ Title or Position: CGDH I, ACTING CITY CIVIL REGISTRAR Date: AUGUST 1, 2018		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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CLAIRE DENNIS S. MAPA, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority