



Municipal Form No. 102
(Revised January 2007)

to be accomplished in quadruplicate using black ink

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

Province CEBU Registry No. 2012-1513
City/Municipality TALISAY CITY

CHILD
1 NAME (First) ALRY JESOFF (Middle) VILLAVELEZ (Last)
2 SEX (Male / Female) MALE 3 DATE OF BIRTH (Day) 1 (Month) JUNE (Year) 2012
4 PLACE OF BIRTH (Name of Hospital/Clinic/Infirmary/ House No., St., Barangay) MOHON HEALTH CENTER (City/Municipality) TALISAY CITY (Province) CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST 6. WEIGHT AT BIRTH (First, Second, Third, etc.) 2800 grams

MOTHER
7. MARDEN NAME (First) MARY MAE (Middle) LABORA (Last) VILLAVELEZ
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION HOUSEWIFE 12. AGE at the time of this birth (completed years) 23
13. RESIDENCE (House No., St., Barangay) MOHON (City/Municipality) TALISAY CITY (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 (completed years)
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) 20b. PLACE (City / Municipality) (Province) (Country)

21a. ATTENDANT
1 Physician 2 Nurse X 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 11:00 am/pm on the date of birth specified above.
Signature [Signature] Address MOHON TALISAY CITY CEBU
Name in Print CONCEPCION GUITCHE
Title or Position MIDWIFE 11 Date JUNE 1, 2012

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature [Signature] 23. PREPARED BY
Name in Print MARY MAE VILLAVELEZ Signature [Signature]
Relationship to the Child MOTHER Name in Print CONCEPCION GUITCHE
Address MOHON TALISAY CITY CEBU Title or Position MIDWIFE 11
Date JUNE 1, 2012 Date JUNE 5, 2012

24. RECEIVED BY
Signature [Signature] 25. REGISTERED BY THE CIVIL REGISTRAR
Name in Print ROSALIE L. AUZOR Signature [Signature]
Title or Position ADMIN. OFFICER 1 Name in Print EMELY S. CABRERA
Date JUN 06 2012 Title or Position CITY CIVIL REGISTRAR
Date JUN 06 2012

REMARKS/ANNOTATIONS (For LCRO/CRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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CDM
CLAIRE DENNIS S. MAPA, F
National Statistician and Civil Registrar
Philippine Statistics Authority

