



(Copy for OCRG)

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 3a, 5a and 10a.)</small>		REMARKS/ANNOTATION
Province <u>CEBU</u> Registry No. <u>98-206</u> City/Municipality <u>CEBU CITY</u>		
1. NAME (First) (Middle) (Last) <u>ELSON JOHN YGON VILLARUEL</u>		98 00 206
2. SEX <u>1</u> Male <u>2</u> Female		
3. DATE OF BIRTH (day) (month) (year) <u>7 JANUARY 1998</u>		7
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>VICTORIA BOYTO MEMORIAL MEDICAL CENTER CEBU CITY</u>		
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		01 01 98
5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others (Specify)		
6. BIRTH ORDER (Give birth and fetal number including this delivery) (First, second, third, etc.)		22 7 2 3
7. WEIGHT AT BIRTH (grams) <u>2620</u>		
8. MAIDEN NAME: (First) (Middle) (Last) <u>SARAH WIL TORREVILLAS YGON</u>		04 01 09
9. CITIZENSHIP <u>1</u> Filipino <u>2</u> Alien		
10. OCCUPATION <u>HOUSEWIFE</u>		07 01 98
11. AGE AT THE TIME OF BIRTH (years) <u>33</u>		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>TUGBUNGAN, CONSOLACION CEBU</u>		09 01 98
13. NAME (First) (Middle) (Last) <u>ELSON ANILLANO VILLARUEL</u>		
14. CITIZENSHIP <u>1</u> Filipino <u>2</u> Alien		01 01 98
15. RELIGION <u>R.C.</u>		
16. OCCUPATION <u>OPERATOR</u>		09 01 98
17. AGE AT THE TIME OF THIS BIRTH (years) <u>33</u>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the bank.) <u>MARIE S. 1993 TINGOD MEDALLIN CEBU</u>		01 01 98
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:50p</u> o'clock am/pm on the date stated above.		01 01 98
Signature <u>[Signature]</u> Address <u>VENING</u> Name in Print <u>DR. HUSAN SAGIBO</u> City/Municipality <u>CEBU CITY</u> Title or Position <u>MEDICAL OFFICER III</u> Date <u>FEBRUARY 4 1998</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>TUGBUNGAN CONSOLACION CEBU</u> Name in Print <u>SARAH WIL TORREVILLAS</u> City/Municipality <u>CEBU</u> Relationship to the child <u>MOTHER</u> Date <u>JANUARY 7, 1998</u>		01 30 98
21. PREPARED BY Signature <u>[Signature]</u> Address <u>VENING</u> Name in Print <u>MA. CRISTINA GALLARE</u> City/Municipality <u>CEBU</u> Title or Position <u>WRITER</u> Date <u>JANUARY 4 1998</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>VENING</u> Name in Print <u>EVELYN A. ABELLA</u> City/Municipality <u>CEBU</u> Title or Position <u>REGISTRAR</u> Date <u>JAN 30 1998</u>		

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BEST POSSIBLE IMAGE



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Carmelita N. Ericta
CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office