



Form No. 102 - (Revised Dec. 1, 1958)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: CEBU Register Number: _____
 City or Municipality: CEBU CITY (a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 7823

1. PLACE OF BIRTH
 a. PROVINCE CEBU
 b. CITY OR MUNICIPALITY CEBU CITY
 c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) EMMANUEL MAF. CLINIC
 d. IS PLACE OF BIRTH WITHIN CITY LIMITS? Yes No
 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
 a. PROVINCE CEBU
 b. CITY OR MUNICIPALITY CEBU CITY
 c. NUMBER AND STREET 350 L. GORRORO AVE.
 d. IS RESIDENCE WITHIN CITY LIMITS? Yes No e. IS RESIDENCE ON A FAIRWAY? Yes No

3. NAME (Type or print)
 First HELEN Middle CABALLES Last VILLANUEVA
 4. SEX F 5. AGE (At time of this birth) 24 6. DATE OF BIRTH June Day 19 1966
 7. NAME (Type or print) First RUFINO Middle BERNARDAS Last VILLANUEVA RELIGION R.C.
 8. NATIONALITY FIL 9. RACE BROWN
 10. BIRTHPLACE ILOILO CITY 11a. USUAL OCCUPATION COOK 11b. KIND OF BUSINESS OR INDUSTRY _____

12. MOTHER'S NAME (Type or print) First Cecilia Middle del Last VILLANUEVA RELIGION R.C.
 13. NATIONALITY FIL 14. RACE BROWN
 14. AGE (At time of this birth) 24 15. BIRTHPLACE CEBU CITY
 16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) _____

17a. DOBILANT'S SIGNATURE: Cecilia del Villanueva
 b. NAME IN PRINT: CECILIA C. VILLANUEVA
 c. ADDRESS: 350 L. GORRORO AVE. CEBU CITY
 18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) 350 L. GORRORO AVENUE CEBU CITY
 19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 7:35 o'clock P.M. on the date above indicated.
 a. SIGNATURE: [Signature]
 b. NAME IN PRINT: EMMANUEL MAF
 c. ADDRESS: EMMANUEL MAF CLINIC
 d. DATE SIGNED BY ATTENDANT AT BIRTH: 7-17-66
 e. TITLE OF ATTENDANT AT BIRTH: M. D. MIDWIFE NURSE OTHERS (Specify) _____

20. REGISTERED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
 a. SIGNATURE: _____
 b. NAME IN PRINT: _____
 c. TITLE OR POSITION: _____
 d. DATE: 7/12/66
 21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: _____
 b. DATE WHEN GIVEN NAME WAS SUPPLIED: 6-22-66
 22a. LENGTH OF PROMINANCY 7 22b. WEIGHT AT BIRTH 7 22c. LEGITIMACY Yes
 23. C No. 0490

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
 (Month) Dec (Date) 19 (Year) 1964
 City or Municipality CEBU CITY Province CEBU
 25. THIS CERTIFICATE PREPARED BY:
 SIGNATURE: [Signature]
 NAME IN PRINT: EMMANUEL MAF
 TITLE OR POSITION: _____
 DATE: June 19 1966

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION