



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)					
Province <u>CEBU</u>			Registry No. <u>95-5839</u>		
City/Municipality <u>CEBU CITY</u>					
1. NAME (First) (Middle) (Last) <u>ALLEN MARIE VILLANUEVA VILLARIN</u>		For OCRG USE ONLY: Population Reference No.			
2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>12 MARCH 1995</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PERPETUAL SUCCOUR HOSPITAL, CEBU CITY CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify			
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>FIRST</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3240</u> grams			
6. MAIDEN NAME (First) (Middle) (Last) <u>HELEN CABALLES VILLANUEVA</u>		41-49			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>			
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>NONE</u>	
10. OCCUPATION <u>CASHIER</u>		11. Age at the time of this birth: <u>28</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>250-I GORORDO AVE., CAMPUTHAN, CEBU CITY</u>		50-59			
13. NAME (First) (Middle) (Last) <u>ALLAN DITOMAL VILLARIN</u>		60-69			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>			
16. OCCUPATION <u>SELF EMPLOYED</u>		17. Age at the time of this birth: <u>23</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 18, 1994- SACRED HEART PARISH CHURCH, CEBU CITY</u>					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:02 P.M.</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>BENTILINA BADILLA, M.D.</u> Title or Position <u>RESIDENT PHYSICIAN</u>		Address <u>PERPETUAL SUCCOUR HOSPITAL GORORDO AVE., CEBU CITY</u> Date <u>MARCH 13, 1995</u>			
Signature <u>[Signature]</u> Name in Print <u>MR. ALLAN D. VILLARIN</u> Relationship to the child <u>FATHER</u>		Address <u>250-I GORORDO AVE. CAMPUTHAN CEBU CITY</u> Date <u>MARCH 13, 1995</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>MARY ALLEN TANIZA</u> Title or Position <u>MEDICAL RECORD CLERK</u> Date <u>MARCH 13, 1995</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>MAR 17 1995</u>			

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BEST POSSIBLE IMAGE



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*Carmelita N. ERICTA*  
CARMELITA N. ERICATA  
Administrator and Civil Registrar General



(Copy for OCRG)

Municipal Form No. 102 January 1993		OFFICE OF THE CIVIL REGISTRAR GENERAL Republic of the Philippines 1860		REMARKS/ANNOTATION
Province: <b>CEBU</b>		City/Municipality: <b>CEBU CITY</b>		For OCRG USE ONLY: Population Reference No. <b>7219 3 9-6 227</b>
Registry No. <b>96-12925</b>		Office of the Civil Registrar General <b>CERTIFICATE OF LIVE BIRTH</b> 2050		
1. NAME (First, Middle, Last) <b>ALLAN CHRISTOPHER VILLANUEVA VILLARIN</b>	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. DATE OF BIRTH (day, month, year) <b>02 JUNE 1996</b>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, City/Municipality, Province) <b>PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU</b>	5. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.	6. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify	<b>161925</b>	
7. BIRTH ORDER (live births and fetal deaths including this delivery) <b>SECOND</b>	8. WEIGHT AT BIRTH (grams) <b>3204</b>			
9. MAIDEN NAME (First, Middle, Last) <b>HELEN CABALIER VILLANUEVA</b>	10. CITIZENSHIP <b>FILIPINO</b>	11. RELIGION <b>CATHOLIC</b>	<b>1 020695</b>	
12. Total number of children born alive: <b>2</b>	13. No. of children still living including this birth: <b>2</b>	14. No. of children born alive but are now dead: <b>NONE</b>	<b>32178</b>	
15. OCCUPATION <b>CASHIER</b>	16. Age at the time of this birth: <b>30</b> years	<b>1</b>		
17. RESIDENCE (House No., Street, Barangay, City/Municipality, Province) <b>250-I GORONDO AVENUE, CAMPUTHAW, CEBU CITY</b>	18. NAME (First, Middle, Last) <b>ALLAN DIONAL VILLARIN</b>			<b>02 3204</b>
19. CITIZENSHIP <b>FILIPINO</b>	20. RELIGION <b>CATHOLIC</b>	<b>1 1</b>		
21. OCCUPATION <b>BUSINESSMAN</b>	22. Age at the time of this birth: <b>25</b> years	<b>2 10 00</b>		
23. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <b>MAY 16, 1994 - SACRED HEART CHURCH, CEBU CITY</b>		<b>2 10 00</b>		
24. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Hilot (Traditional Midwife) <input type="checkbox"/> Others (Specify)		<b>325 30</b>		
25. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>7:24pm</b> o'clock on the date stated above. Signature: <b>X Salama</b> Name in Print: <b>SYN SALAMA, M.D.</b> Title or Position: <b>RESIDENT PHYSICIAN</b>		<b>22178</b>		
26. INFORMANT Signature: <b>[Signature]</b> Name in Print: <b>ALLAN D. VILLARIN</b> Relationship to the child: <b>FATHER</b>		<b>1 1</b>		
27. PREPARED BY Signature: <b>[Signature]</b> Name in Print: <b>VICTORIA S. CAMPOS</b> Title or Position: <b>MEDICAL RECORD CLERK</b> Date: <b>JUNE 03, 1996</b>		<b>492 25</b>		
28. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <b>[Signature]</b> Name in Print: <b>ETA A. NUNEN</b> Title or Position: <b>CLERK III</b> Date: <b>JUN 03 1996</b>		<b>1</b>		

*Camilla R.*