

Municipal Form No. 102 (To be accomplished in quadruplicate)  
(Revised January 1993)

REMARKS/ANNOTATION

Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province \_\_\_\_\_ Registry No. **947100**  
City/Municipality **Zamboanga City**

**1. NAME** (First) (Middle) (Last)  
**YVES XAVIER SADRILANO VALERO**

**2. SEX**  1 Male  2 Female  
**3. DATE OF BIRTH** (day) (month) (year)  
**19 July 1994**

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
**Zamboanga Doctors' Hospital Zamboanga City**

**5a. TYPE OF BIRTH**  1 Single  2 Twin  3 Triplet, etc.  
**b. IF MULTIPLE BIRTH, CHILD WAS**  1 First  2 Second  3 Others, Specify \_\_\_\_\_

**c. BIRTH ORDER** (live births and fetal deaths including this delivery) (first, second, third, etc.) **First**  
**d. WEIGHT AT BIRTH** **2920** grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
**Cesette Kalayo Sadumlano**

**7. CITIZENSHIP** **Filipino** **8. RELIGION** **Roman Catholic**

**9a. Total number of children born alive:** **1** **b. No. of children still living including this birth:** **1** **c. No. of children born alive but are now dead:** **0**

**10. OCCUPATION** **Businesswoman** **11. Age at the time of this birth:** **23** years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
**1033-A, 5th. St., Aurora Village, Guiwan, Z.**

**13. NAME** (First) (Middle) (Last)  
**Joel Tabill Valero**

**14. CITIZENSHIP** **Filipino** **15. RELIGION** **Roman Catholic**

**16. OCCUPATION** **Supervisor** **17. Age at the time of this birth:** **29** years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**February 19, 1994, Zamboanga City**

**19a. ATTENDANT**  1 Physician  2 Nurse  3 Midwife  
 4 Heot (Traditional Midwife)  5 Others (Specify \_\_\_\_\_)

**19b. CERTIFICATION OF BIRTH**  
I hereby certify that I attended the birth of the child who was born alive at **4:35** a/m/p/m on the date stated above.

Signature: \_\_\_\_\_ Address: **Zamboanga City**  
Name in Print: **CONCEPCION FABIAN, M. D.**  
Title or Position: **Obstetrician** Date: **July 22, 1994**

**20. INFORMANT**  
Signature: \_\_\_\_\_ Address: **1033-A, 5th. St., Aurora Village, Guiwan, Zambo. City**  
Name in Print: **JOEL T. VALERO** Date: **July 22, 1994**  
Relationship to the child: **Father**

**21. PREPARED BY**  
Signature: \_\_\_\_\_  
Name in Print: **MA. FLORELLIS S. SIMA**  
Title or Position: **Med. Rec. Officer** Date: **July 22, 1994**

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature: \_\_\_\_\_  
Name in Print: **MARIALINA P. MANTHE**  
Title or Position: **Government Assistant Registrar** Date: **JUL 25 1994**

FOR OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 **9407100**

48 **1**

49 50 **1190794**

55 **73320**

51 **1**

52 54 **012920**

55 56 **1 1**

70 72 74 **01 21 30**

76 78 **472 23**

81 **73320**

80 87 **1 1**

81 **1110 27**

83 **02 19 94 73320 072590 2720**

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BEST POSSIBLE IMAGE



Carmelita N. ERICTA