

Municipal Form No. 102  
(Revised 1993)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in in or typewriter)

(To be accomplished in Triplicate)

99-25457

PROVINCE CEBU LOCAL CIVIL REGISTRY NO. 99-25457  
CITY/MUNICIPALITY CEBU CITY

1. NAME (First) RONDELL (Middle) VILORIA (Last) NAVAREZ

2. SEX (Place 'X' on appropriate answer) X Male    Female DATE OF BIRTH (Day) 17 (Month) NOVEMBER (Year) 1993

4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) MEYRO CLEU COMMUNITY HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single    2 Twin    3 Three or more    5b. IF MULTIPLE BIRTH, CHILD WAS    1 First    2 Second    3 Third, 4th, etc.   

Father Mother

6. MOTHER'S NAME (First) NELIA (Middle) PABLO (Last) VILORIA 7. NATIONALITY FILIPINO 8. RELIGION INC

9. FATHER'S NAME (First) FRANCISCO JR. (Middle) VILLAVER (Last) NAVAREZ 10. NATIONALITY FILIPINO 11. RELIGION INC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back) Date OCTOBER 12, 1991 Place KABACAN, NORTH COTABATO

13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at 5:28 pm o'clock pm on the date stated above. Signature Agnes Villarín Address Cebu City Name in print AGNES VILLARIN, M.D. Date Nov. 17, 1993 Title or position Attending Physician

14. INFORMANT Signature Francisco V. Navarez Jr. Address IV-7 Rene Pechay, Pakna-an Marbaue City, Cebu Name in print FRANCISCO V. NAVAREZ JR. Date Nov. 19, 1993 Relationship to child Father 1110

15. PREPARED BY Signature Samuel R. Gallente Jr. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature aida a. rumber Name in print SAID A. RUMBER Title or position CLERK III Date NOV 29 1993 Date NOV. 19, 1993

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT a.    b. DATE WHEN INFORMATION WAS SUPPLIED   

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

03785-F9-400JAC-00909-BI001

BEST POSSIBLE IMAGE



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BReN  
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Documentary  
Stamp Tax Paid

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

