



Form No. 102 (January 1989) (To be accomplished in quadruplicate)

Republic of the Philippines  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH**  
(Fill out completely, accurately and legibly. Use ink or typewriter. Indicate the appropriate answer in Roman 2, 3, 4, 5, and 10.)

Province CEBU CITY Registry No. 95-21545

City/Municipality \_\_\_\_\_

1. NAME (First) (Middle) (Last)  
NOEL VILLANOR GONZAGA

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (Month) (Year)  
29 AUGUST 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
CHONG HVA HOSPITAL CEBU CITY CEBU

5a. SEX/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 (five births and fetal deaths including this delivery) (first, second, third, etc.) FIRST d. WEIGHT AT BIRTH 2,750 grams

6. MAIDEN NAME (First) (Middle) (Last)  
ANA LEAH COMPUERTO VILLANOR

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children borne alive: \_\_\_\_\_ b. No. of children still living including this birth: ONE c. No. of children born alive but are now dead: NONE

10. OCCUPATION PRODUCTION WORKER 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
40-6 LOREGA STREET, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)  
JOHNY LAURENZIANA GONZAGA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION PRODUCTION WORKER 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
APRIL 05, 1995, CEBU CITY, CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (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 7:17 P.M. o'clock on the date stated above.

Signature: BERNARDINE S. GONZAGA, M.D. Address: P/O Chong Hva Hospital, Fronta Lorega, Cebu City, Cebu 6000  
 Name in Print: BERNARDINE S. GONZAGA Date: August 31, 1995

20. INFORMANT  
 Signature: [Signature] Address: 40-6 Lorega street, Cebu City  
 Name in Print: JOHNY GONZAGA Date: August 31, 1995  
 Relationship to Informant: FATHER

21. PREPARED BY  
 Signature: [Signature]  
 Name in Print: [Name] Section: [Section] Date: August 31, 1995

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature: [Signature]  
 Name in Print: ROSA P. INOSON  
 Title or Position: CLERK IV  
 Date: AUGUST 31, 1995

REMARKS/ANNOTATION  
 2880

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