



(Copy for OCRG)

(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.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>PASIG CITY</u>		Registry No. <u>97-12183</u>	REMARKS/ANNOTATION	
City/Municipality				
1. NAME <u>MANUEL MICHAEL VILLAFLO</u> <u>OSTIA</u> (last)		For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
2. SEX <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH <u>16 AUGUST 1997</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>SABATER GEN. HOSP. CARUNCHO AVE. PASIG CITY</u>		41 <u>9712183</u>		
5a. TYPE OF BIRTH <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>2800</u> grams	48 <input checked="" type="checkbox"/>	
6. MAIDEN NAME <u>MARILOU CASIPONG</u> <u>VILLAFLO</u> (last)		49 50 <u>160897</u>		
7. CITIZENSHIP <u>PILIPINO</u>		8. RELIGION <u>CATHOLIC</u>		
9a. Total number of children born alive: _____		b. No. of children still living including this birth: _____		
10. OCCUPATION <u>EMPLOYEE</u>		11. Age at the time of this birth: _____ years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1357 LARDIZABAL ST. PASIG CITY</u>		55 <u>74039</u>		
13. NAME <u>MICHAEL ROELO REVELANTE</u> <u>OSTIA</u> (last)		61 <input checked="" type="checkbox"/>		
14. CITIZENSHIP <u>PILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>EMPLOYEE</u>		17. Age at the time of this birth: _____ years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Single Status of Parents.)				
19a. ATTENDANT <input 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>6:04</u> am on/pm on the date stated above.				
Signature <u>FLORENCE F. SABATER M.D.</u> Name in Print <u>ON EYNE</u> Title or Position _____ Date _____		Signature <u>SABATER GEN. HOSP. CARUNCHO AVE. PASIG CITY</u> Name in Print <u>AUG. 25, 1997</u> Title or Position _____ Date _____		
20. INFORMANT Signature <u>MICHAEL ROELO OSTIA</u> Name in Print <u>OSTIA</u> Relationship to the child _____ Date <u>AUG. 17, 1997</u>		Signature _____ Name in Print _____ Title or Position _____ Date _____		
21. PREPARED BY Signature <u>LEIL NI C. FLORES</u> Name in Print <u>R.O.</u> Title or Position _____ Date <u>AUG. 25, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

