



Municipal Form No. 102
(Revised 1988)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(To be accomplished in triplicate)

(Fill out completely, accurately and legibly in ink or typewriter)

OCRG No. 14-9831594
12/02/2014 08:54:08 AM

PURSUANT TO THE DECISION RENDERED BY CCR FE D QUEROLUJO DATED JULY 08, 2014 AND AFFIRMED BY CRG UNDER OCGR NO. 14-9831594, THE CHILD'S FIRST NAME IS
HEREBY CHANGED FROM "JOVANY" TO "VINCENT".

PROVINCE **Samar** LOCAL CIVIL REGISTRY NO. **90-00049**

CITY/MUNICIPALITY **Calbayog City**

1. NAME (First) **JOVANY** (Middle) **YGBURAY** (Last) **YGBURAY**

2. SEX (Place 'X' on appropriate answer)
☒ 1 Male ☐ 2 Female

3. DATE OF BIRTH (Day) **12** (Month) **December** (Year) **1989**

4. PLACE OF (Name of Hospital/Institution: if not in hospital, give street/barangay) **Dr. Capocan** (City/Municipality) **Calbayog City** (Province) **Samar**

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN NAME (First) **IMELDA** (Middle) **YLLA** (Last) **YGBURAY**

7. NATIONALITY **Phil.** 8. RELIGION **R.O.**

9. NAME (First) **ROGER** (Middle) **RODOLFO** (Last) **YGBURAY**

10. NATIONALITY **Phil.** 11. RELIGION **R.O.**

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back).
Sept. 10, 1988 - Calbayog City

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at **10:00 P.M.** on the date stated above.

Signature **FELIPA CAGOMOD** Address **Dr. Capocan**
Name in print **Felipa Cagomod** City/Municipality **Calbayog City**
Title or position **Midwife** Date **Dec. 12, 1989**

14. INFORMANT
Signature **ROGER R. YGBURAY** Address **Dr. Capocan**
Name in print **ROGER R. YGBURAY** City/Municipality **Calbayog City**
Relationship to child **Father** Date **Jan. 31, 1990**

15a. PREPARED BY
Signature **PHYRONA S. ROSALES**
Name in print **PHYRONA S. ROSALES**
Title or position **OPD - JOP Analyst**
Date **Jan. 31, 1990**

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature **MISA A. AYIS**
Name in print **MISA A. AYIS**
Title or position **Civil Registry Officer**
Date **Jan. 31, 1990**

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

16b. DATE WHEN INFORMATION WAS SUPPLIED **3040**

(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.)

PROVINCE **Samar** Local Civil Registry No. **9000049** Registration Status **2**

CITY/MUNICIPALITY **Calbayog City**

17. Weight at Birth (In grams) **3449** 18. Birth Order of Child (first, second, etc.) **2nd**

19a. Total Number of Children Born Alive **2** 19b. How many children are now living including this birth? **2** 19c. How many children were born alive but are now dead? **0**

20. Usual Occupation **Housekeeper** 21. Age at the time of this Birth **23**

22. Usual Residence (Barangay) **Dr. Capocan** (City/Municipality) **Calbayog City** (Province) **Samar**

23. Usual Occupation **Operator** 24. Age at the time of this Birth **29**

25. Attendant at Birth (Place 'X' on appropriate answer)
☐ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☒ 4 Midwife ☐ 5 Others

Sex **1** Date of Birth **12/12/89** Place of Birth **60038** Mother's Nationality **1** Father's Nationality **1**

NAME OF CHILD
First **JOVANY** M.I. **Y** Last **YGBURAY**

"IPAKITA SA MUNDO, UMAASENSO NA TAYO".

MS. EDITH R. ORCULLA
Chief, Document Management Division

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BEST POSSIBLE IMAGE



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CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority