



PHILIPPINE STATISTICS
FORM NO. 102
(Revised 1983)

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

TO BE ACCOMPLISHED IN DUPLICATE

PROVINCE PANGASINAN
CITY / MUNICIPALITY NAVIVIDAN

LOCAL CIVIL REGISTRY NO. 93-50
PRN 5529-A930501-5

1. NAME (First) (Middle) (Last) <u>MARCEL</u> <u>SORIA</u> <u>MILLARE</u>		
2. SEX (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female		
3. DATE OF BIRTH (Day) (Month) (Year) <u>05</u> <u>October</u> <u>1993</u>		
4. PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street / barangay) (City / Municipality) (Province) <u>Poblacion East</u> <u>Navidad</u> <u>Pangasinan</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 5b. IF MULTIPLE BIRTH, CHILD WAS <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Twin <input type="checkbox"/> 3. Three or more <input type="checkbox"/> 1. First <input type="checkbox"/> 2. Second <input type="checkbox"/> 3. Third, 4th, etc.		
6. MAIDEN NAME (First) (Middle) (Last) <u>MARIFE</u> <u>QUILLEN</u> <u>SORIA</u>		
7. NATIONALITY <u>FILIPINO</u>		
8. RELIGION <u>ROMAN CATHOLIC</u>		
9. NAME (First) (Middle) (Last) <u>MARCEL</u> <u>COLLADO</u> <u>MILLARE</u>		
10. NATIONALITY <u>FILIPINO</u>		
11. RELIGION <u>ROMAN CATHOLIC</u>		
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back) Date <u>July 17, 1993</u> Place <u>Navidad, Pangasinan</u>		
13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6:40</u> clock <u>am</u> on the date stated above Signature <u>Jocelyn</u> Address _____ Name in print <u>JULIETA CARBONEL</u> Poblacion East, Navidad, Pangasinan Title or position <u>Rural Health Midwife</u> Date <u>11 October 1993</u>		
14. INFORMANT Signature <u>ARNEL C MILLARE</u> Address _____ Name in print <u>ARNEL C. MILLARE</u> Poblacion East, Navidad, Pangasinan Relationship to child <u>Son</u> Date <u>11 October 1993</u>		
15a. PREPARED BY Signature <u>[Signature]</u> Name in print <u>JOHN P. ALAP</u> Title or position <u>Chief</u> Date <u>11 October 1993</u>		
15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>[Signature]</u> 4100 Name in print <u>WILSON P. RUILO, JR.</u> Title or position <u>Municipal Civil Registrar</u> Date <u>11 October 1993</u>		
16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT a. DATE WHEN INFORMATION WAS SUPPLIED		

(Fill out items 17 to 25 in the spaces / boxes provided for)

PROVINCE (copy the above) PANGASINAN
CITY / MUNICIPALITY NAVIVIDAN

17. Weight at Birth (in grams) <u>3475</u> grams		18. Birth Order of Child Ex. first, second, etc. <u>First</u>	
19. Total Number of Children Born Alive <u>1</u>		20. How many children are now living including this birth? <u>1</u>	
21. How many children were born alive but are now dead? <u>0</u>		22. Age at the time of this Birth <u>22</u>	
23. Usual Occupation <u>Housekeeping</u>		24. Usual Residence (Barangay) (City / Municipality) (Province) <u>Poblacion East</u> <u>Navidad</u> <u>Pangasinan</u>	
25. Usual Occupation <u>Farming</u>		26. Age at the time of this Birth <u>25</u>	
27. Attendant at Birth (Place 'X' on appropriate answer) <input type="checkbox"/> 1. Physician <input checked="" type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Midol <input type="checkbox"/> 5. Others			
Sex <u>1</u>	Date of Birth <u>05/10/93</u>	Place of Birth <u>Navidad</u>	Mother's Nationality <u>1</u>
Father's Nationality <u>1</u>	Child's Status <u>1</u>	NAME First <u>MARCEL</u> M.I. <u>S</u> Last <u>MILLARE</u>	
Local Civil Registry Number <u>93-50-501-5</u>			

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BEST POSSIBLE IMAGE

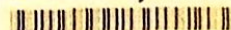


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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





(3-0 for OGRS)

Mandatory Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or equivalent. Place X before the appropriate answer in Items 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.)					
Province <u>Pangasinan</u>		City/Municipality <u>Villasis</u>		Registry No. <u>94-00062</u>	
1. NAME (First) (Middle) (Last) <u>MELODY</u> <u>ASUNCION</u> <u>ORBIZO</u>		2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>25</u> <u>June</u> <u>1994</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>Tombod</u> <u>Villasis</u> <u>Pangasinan</u>		5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams		e. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
6. MAIDEN NAME (First) (Middle) (Last) <u>Elvira</u> <u>F.</u> <u>Asuncion</u>		7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>R. Catholic</u>	
9a. Total number of children born alive <u>01</u>		b. No. of children still living including this birth: <u>01</u>		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tombod</u> <u>Villasis</u> <u>Pangasinan</u>	
13. NAME (First) (Middle) (Last) <u>Hilario</u> <u>L.</u> <u>Orbizo</u>		14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>R. Catholic</u>	
16. OCCUPATION <u>Farmer</u>		17. Age at the time of this birth: <u>26</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>December 17, 1993 - Villasis, Pangasinan</u>	
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>X</u> 4. Hilot (Traditional Midwife) <u>5</u> Others (Specify)		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:00 PM</u> o'clock am/pm on the date stated above.		20. INFORMANT Signature <u>[Signature]</u> Address <u>Tombod</u> Name in Print <u>GEORGE GAMBOA</u> <u>Villasis, Pang.</u> Title or Position <u>hilot</u> Date <u>June 28, 1994</u>	
21. PREPARED BY Signature <u>[Signature]</u> Address <u>Tombod</u> Name in Print <u>HILARIO L. ORBIZO</u> <u>Villasis, Pang.</u> Relationship to the child <u>Father</u> Date <u>June 28, 1994</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>Tombod</u> Name in Print <u>JOSIE L. LUSTINA</u> <u>Villasis, Pang.</u> Title or Position <u>Acting Asst. LCR</u> Date <u>June 28, 1994</u>		23. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>Tombod</u> Name in Print <u>JOSIE L. LUSTINA</u> <u>Villasis, Pang.</u> Title or Position <u>Acting Asst. LCR</u> Date <u>June 28, 1994</u>	

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Assistant Secretary
(Officer-in-Charge)



Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **PANGASINAN** Registry No. **2019-2989**
City/Municipality **TAYUG**

1 NAME (First) **ZOEY ISABELLE** (Middle) **ORBIZO** (Last) **MILLARE**

2 SEX (Male/Female) **FEMALE** 3 DATE OF BIRTH (Day) **12** (Month) **NOVEMBER** (Year) **2019**

4 PLACE OF BIRTH (Name of Hospital/Institution) **EASTERN PANGASINAN DISTRICT HOSPITAL** (City/Municipality) **TAYUG** (Province) **PANGASINAN**

5a TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c BIRTH ORDER (Order of the birth in previous live births including still birth) **FIRST** 5d WEIGHT AT BIRTH **2900** grams

7 MAIDEN NAME (First) **MELODY** (Middle) **ASUNCION** (Last) **ORBIZO**

8 CITIZENSHIP **FILIPINO** 9 RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a Total number of children born alive **1** 10b No. of children still living including the birth **1** 10c No. of children born alive but are now dead **0** 11 OCCUPATION **LAW CLERK** 12 AGE at the time of this birth (completed years) **25**

13 RESIDENCE (House No., St., Barangay) **TOMBOD** (City/Municipality) **VILLASIS** (Province) **PANGASINAN** (Country) **PHILIPPINES**

14 NAME (First) **MARNEL** (Middle) **SORIA** (Last) **MILLARE**

15 CITIZENSHIP **FILIPINO** 16 RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17 OCCUPATION **PNP** 18 AGE at the time of this birth (completed years) **26**

19 RESIDENCE (House No., St., Barangay) **TOMBOD** (City/Municipality) **VILLASIS** (Province) **PANGASINAN** (Country) **PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a DATE (Month) **JUNE** (Day) **26** (Year) **2019** 20b PLACE (City/Municipality) **VILLASIS** (Province) **PANGASINAN** (Country) **PHILIPPINES**

21a ATTENDANT
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Midet (Traditional Birth Attendant) ☐ 5 Others (Specify) _____

21b CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Midet, etc.)
I hereby certify that I attended the birth of the child who was born alive at **10:05 AM** on the date of birth specified above.

Signature _____ Address **EASTERN PANGASINAN DISTRICT HOSPITAL**
Name in Print **ELIZABETH M. DE CASTRO, MD**
Title or Position **MEDICAL OFFICER III** Date **NOVEMBER 12, 2019**

22 CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____
Name in Print **MELODY A. ORBIZO**
Relationship to the Child **MOTHER**
Address **TOMBOD, VILLASIS PANGASINAN**
Date **NOVEMBER 12, 2019**

23 PREPARED BY
Signature _____
Name in Print **EDNA M. CALIMLIM**
Title or Position **NURSING ATTENDANT**
Date **NOVEMBER 12, 2019**

24 RECEIVED BY
Signature _____
Name in Print **MARY JANE M. SISON**
Title or Position **ADMIN. AIDET**
Date **NOVEMBER 14, 2019**

25 REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **SUSIE T. ARZADON**
Title or Position **MUNICIPAL CIVIL REGISTRAR**
Date **NOVEMBER 14, 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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

