



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRC)

Republic of the Philippines
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 7, 9a, 9b and 19a.)

Province **NEGROS OCCIDENTAL** Registry No. **2000-2109**
City/Municipality **SAN CARLOS**

1. NAME (First) (Middle) (Last)
JUDE VILLO MORA

2. SEX **1** Male **2** Female
3. DATE OF BIRTH (day) (month) (year)
11 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/
House No., Street, Barangay) (City/Municipality) (Province)
SAN CARLOS CITY HOSPITAL, B-06 SAN CARLOS CITY NEG. OCC.

5a. TYPE OF BIRTH **1** Single **2** Twin **3** Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS **1st** 1 First **2** Second **3** Others, Specify

c. BIRTH ORDER (live births and fetal deaths
including this delivery) (first, second, third, etc.) **1st**
d. WEIGHT AT BIRTH **2850** grams

6. MAIDEN NAME (First) (Middle) (Last)
JOCELYN ESTALLA VILLO

7. CITIZENSHIP **FILIPINO** 8. RELIGION **ROMAN CATHOLIC**

9a. Total number of children born alive **01**
b. No. of children still living including this birth **01**
c. No. of children born alive but are now dead **00**

10. OCCUPATION **HOUSEWIFE** 11. Age at the time of this birth **28** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BRGY. MALAPAY, BAGAINTES VALLEHERMOSO NEG. ORIENTAL

13. NAME (First) (Middle) (Last)
DOMECIANO JR. LLORADO MORA

14. CITIZENSHIP **FILIPINO** 15. RELIGION **ROMAN CATHOLIC**

16. OCCUPATION **MECHANIC** 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)
SEPTEMBER 28, 1999 BACING SILANG, CALOOCAN CITY, NEGROS MENTALES

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 **9:10 A.M.** o'clock
on the date stated above.

Signature **[Signature]** Address **S. CAMERON ST. SAN CARLOS CITY, NEG. OCC.**
Name in Print **YVONNE B. MANSO, M.D.** Date **MAY 18, 2000**
Title or Position **ATTENDING PHYSICIAN**

20. INFORMANT
Signature **[Signature]** Address **BRGY. MALAPAY, BAGAINTES VALLEHERMOSO, NEG. ORIENTAL**
Name in Print **DOMECIANO JR. L. MORA** Date **MAY 18, 2000**
Relationship to the child **FATHER**

21. PREPARED BY
Signature **[Signature]** Address **SAN CARLOS CITY, NEG. OCC.**
Name in Print **ROSELLE ANTONIAN** Date **MAY 18, 2000**
Title or Position **NURSE-1**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature **[Signature]** Address **SAN CARLOS CITY, NEG. OCC.**
Name in Print **EDUARDO F. LAZARA** Date **MAY 25, 2000**
Title or Position **CITY CIVIL REGISTRAR**

REMARKS/ANNOTATION

FOR OCRC USE ONLY:
Population Reference No.TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR41 **80002109**

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04884-ED-700LMT-00671-BI002

BEST POSSIBLE IMAGE



T700048847000067105162013002

BReN

04524-B00JB03-0

Documentary
Stamp Tax Paid

CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office