



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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 2, 5a, 6b and 19a.)

(Copy for OCRG)

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LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS MANUEL M. VILLAS AND MA. CECILIA S. SAMONTE
ON JANUARY 01, 1994 AT CALOOCAN CITY UNDER REGISTRY NUMBER 1995-253. THE CHILD SHALL BE KNOWN AS:
ZEDRICK JOHN SAMONTE VILLAS

Province <u>3rd District M.M.</u>		City/Municipality <u>Kalookan</u>		Registry No. <u>29752</u>	
1. NAME (First) (Middle) (Last) <u>ZEDRICK JOHN SAMONTE</u>					
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>11 November 1993</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Phase 3 0 Blk. 12 C Lot 26 Kaunlaran Village Kal. City</u>					
5a. TYPE OF BIRTH <input checked="" 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>2268</u> grams			
6. MAIDEN NAME (First) (Middle) (Last) <u>Ma. CECILIA SOLERO SAMONTE</u>					
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Catholic</u>			
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>House Wife</u>		11. Age at the time of this birth: <u>19</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Phase 3 0 Blk. 12 C Lot 26 Kaunlaran Village Kal. City</u>					
13. NAME (First) (Middle) (Last) <u>MANUEL LORAL VILLAS</u>					
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Catholic</u>			
16. OCCUPATION <u>Employee</u>		17. Age at the time of this birth: <u>22</u> years			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not Married</u>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (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>6:00</u> o'clock any/pm on the date stated above.					
Signature <u>[Signature]</u> Name in Print <u>CYNTHIA C. LUSAGUE</u> Title or Position <u>Reg. Midwife</u>		Address <u>132 Libis, Madunata Kalookan City</u> Date <u>12-2-93</u>			
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MANUEL VILLAS</u> Relationship to the child <u>Father</u>		Address <u>Phase 3 0 Blk. 12 C Lot 26 Kaunlaran Vill. K. C.</u> Date <u>12-2-93</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>CYNTHIA C. LUSAGUE</u> Title or Position <u>Reg. Midwife</u> Date <u>12-2-93</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EDUSA S. SANTOS</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>DEC 10 1993</u>			

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MS. EDITH R. ORCILLA
Chief, Document Management Division

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

