

Completed in triplicate



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

LOCAL CIVIL REGISTRY NO. **81-2703**

PROVINCE	Iloilo	(Middle)	CATCHABO	(Last)	VILLAS
CITY & MUNICIPALITY	CATCHABO	3. DATE OF BIRTH (Day)	2	(Month)	July
HAIR	Black	(Year)	1985		
Place of birth (Place "X" on appropriate answer)	1. Home	(City/Municipality)	SOZELL, Tacloban City	(Province)	Iloilo
5a. TYPE OF BIRTH (Place "X" on appropriate answer)	1. Single	5b. IF MULTIPLE BIRTH, CHILD WAS	1. First	2. Second	3. Third, 4th, etc.
MAIDEN NAME (First)	Flor	7. NATIONALITY	Phil.	8. RELIGION	R.C.
NAME (First)	Flor	10. NATIONALITY	Phil.	11. RELIGION	R.C.
NAME (Middle)	Carlo	(Important: If not applicable, fill Affidavit of Acknowledgement at the back)			
NAME (Last)	Villas				
12. DATE AND PLACE OF MARRIAGE OF PARENTS	30/2/84, Tacloban City				
13. CERTIFICATE OF ATTENDANT AT BIRTH	Elizabeth Villas MD				
Signature	Elizabeth Villas MD				
Name in print	Elizabeth Villas MD				
Title or position	Physician				
14. INFORMANT	Flor Villas				
Signature	Flor Villas				
Name in print	Flor Villas				
Relationship to child	mother				
15a. PREPARED BY	Olivia C. Ocampo				
Signature	Olivia C. Ocampo				
Name in print	Olivia C. Ocampo				
Title or position	clerk				
Date	7-2-85				
15b. DATE WHEN INFORMATION WAS SUPPLIED	7-2-85				

REMARKS: INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT

CHILD'S FIRST NAME: "MICHAEL CARLO"

CERTIFIED CORRECT:

MA. FE. T. ASUNCION

Clerk II

02-06-06

05274-17-991APA-00888-BI001

BEST POSSIBLE IMAGE



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XI300433126

BReN
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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority