



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)

LATE REGISTRATION

90-33

PROVINCE \_\_\_\_\_ LOCAL CIVIL REGISTRY NO. \_\_\_\_\_

CITY/MUNICIPALITY MANILA

1. NAME (First) (Middle) (Last)  
JENZEN JHON MANAGBANAG VILLARUEL

2. SEX (Place 'X' on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)  
1 Male 2 Female 10 January 1990

4. PLACE OF (Name of Hospital/Institution: if not in/ (City/Municipality) (Province)  
BIRTH hospital, give street/barangay) Hospital ng Maynila Manila

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) b. IF MULTIPLE BIRTH, CHILD WAS  
1 Single 2 Twin 3 Three or more. 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION  
NAME ANHALIZA M. VILLARUEL FIL. R C

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION  
JENZEN JHON VILLARUEL

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back).  
N/A

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 12:50 o'clock a.m./p.m. on the date stated above.

Signature Terresita Say Evangelista Address HOSPITAL NG MAYNILA  
Name in print TERRESTITA SAY EVANGELISTA, M.D. PRES. QUIRINO AVE.  
Title or position RES. PHYSICIAN Date JANUARY 29, 1990

14. INFORMANT  
Signature Anna Liza M. Villarruel Address 3626 Don Pedro St. Makati  
Name in print ANNA LIZA M. VILLARUEL PROV. MAKATI  
Relationship to child MOTHER Date January 29, 1990

15a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature J. N. Aquilos Signature \_\_\_\_\_  
Name in print J. N. AQUILLOS Name in print \_\_\_\_\_  
Title or position CLERK Title or position CIVIL REGISTRAR  
Date FEBRUARY 13, 1990 /abt Date \_\_\_\_\_

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED FEB 23 1990

(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)

RESERVE FOR BINDING

PROVINCE \_\_\_\_\_ Local Civil Registry No. 9010033 Registration Status 15

CITY/MUNICIPALITY MANILA

17. Weight at Birth (In grams) 7 lbs. 9 oz 18. Birth Order of Child (first, second, etc.) 1st

19a. Total Number of Children Born Alive 01 b. How many children are now living including this birth? 01 c. How many children were born alive but are now dead? 00

20. Usual Occupation Housewife 21. Age at the time of this Birth 21

22. Usual Residence (Barangay) (City/Municipality) (Province) 5626 Don Pedro St., Makati Manila 76026

23. Usual Occupation PROV 24. Age at the time of this Birth 21

25. Attendant at Birth (Place 'X' on appropriate answer) X1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others

Sex M Date of Birth 10 01 90 Place of Birth 39102 Mother's Nationality 1 Father's Nationality 1

NAME OF CHILD First M.I. Last  
JENZEN JHON M. VILLARUEL

"IPAKITA SA MUNDO. UMAASENSO NA TAYO"

06492-37-402JBM-00216-BI001

BEST POSSIBLE IMAGE



T402064924020021610102017001  
NL200054474

BREN  
03910-A90AA10-1

Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

