

Municipal 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 typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		Registry No. <u>2010-0494</u>
City/Municipality <u>Sibonga</u>		
1. NAME (First) (Middle) (Last) <u>VICTORIA CLARE LLANOS OLANDEZ</u>		
2. SEX <u>X</u> 1 Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>26 November 1993</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Sibonga, Cebu</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>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>VICTORIA NORINE FANTONIAL LLANOS</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>
9a. Total number of children born alive: _____		b. No. of children still living including this birth: <u>2</u>
10. OCCUPATION <u>Housekeeper</u>		c. No. of children born alive but are now dead: <u>0</u>
11. Age at the time of this birth: <u>35</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>531 J. Alcantara Street Cebu City, Cebu</u>		
13. NAME (First) (Middle) (Last) <u>WHAT DENAVENTS OLANDEZ</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>Military Officer</u>		17. Age at the time of this birth: <u>39</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>July 1, 1987, Manila City</u>		
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hirot (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 _____ o'clock am/pm on the date stated above. <u>A CERTAIN HILOT</u> Signature _____ Address <u>Sibonga, Cebu</u> Name in Print _____ Date <u>November 26, 1993</u> Title or Position _____		
20. INFORMANT Signature _____ Address <u>531 J. Alcantara Street</u> Name in Print <u>VICTORIA NORINE LI-OLANDEZ</u> <u>Cebu City</u> Relationship to the child <u>Mother</u> Date <u>May 25, 2010</u>		
21. PREPARED BY Signature _____ Name in Print <u>MARISTELA G. PONCE</u> Title or Position <u>Asst. Admin. Officer</u> Date <u>May 25, 2010</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>VICTORIA MAICO-GERALDE</u> Title or Position <u>Municipal Civil Registrar</u> Date <u>JUN 07 2010</u>

PURSUANT TO  
20 OF A O  
SERIES OF 140

For OCRG USE ONLY  
Population Statistics No. \_\_\_\_\_

TO BE FILED AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

06807-2G-999DPC-04526-BI001

BEST POSSIBLE IMAGE



T089068079990452608212018001

QM400670847

BReN  
02246-A93XS02-6

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority





births before 3 August 1988/on or after 3 August 1988

### AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_  
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

### AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, VICTORIA NORINE LIANOS OLANDEZ  
and with residence and postal address at 331 J. Alcantara Street Secu City of legal age, single/married,  
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of  
my daughter
2. That I/he/she was born on November 26, 1993 Sibonga, Cebu
3. That I/he/she was attended at birth by a certain midot who resides at  
Sibonga, Cebu
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were ☐ married on \_\_\_\_\_ at \_\_\_\_\_  
☐ not married but was acknowledge by my/his/her father whose  
name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_  
share negligence of the midot
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_  
school purposes
8. ☐ (For the applicant only) That I am married to \_\_\_\_\_  
☐ (For the father/mother/guardian) That I am the mother of the said person.

VICTORIA NORINE LI. OLANDEZ  
(Signature of Affiant)  
11384490

Community Tax No. \_\_\_\_\_

Date Issued Jan. 2, 2010

Place Issued Cebu City

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of MAY 25 2010,  
at SIBONGA CEBU, Philippines.

(Signature of Administering Officer)

(Title/Designation)

MUNICIPAL CIVIL REGISTRAR

SIBONGA CEBU

(Name in Print)

(Address)

06807-2G-999DPC-04526-BI001

BEST POSSIBLE IMAGE



T089068079990452608212018001

00100670848

BReN

02246-A93XS02-6

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority



Scanned with

CamScanner