



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 JEON MAHAGANAG VILLARUEL

2. SEX (Place 'X' on appropriate answer)
1 Male ☒ 2 Female ☐

3. DATE OF BIRTH (Day) (Month) (Year)
10 January 1990

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

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
1 Single ☒ 2 Twin ☐ 3 Three or more ☐

5b. IF MULTIPLE BIRTH, CHILD WAS
1 First ☐ 2 Second ☐ 3 Third, 4th, etc. ☐

6. MAIDEN NAME (First) (Middle) (Last)
ANNA LIZA M. VILLARUEL

7. NATIONALITY FIL.

8. RELIGION R C

9. NAME (First) (Middle) (Last)
ANNA LIZA M. VILLARUEL

10. NATIONALITY FIL.

11. RELIGION R C

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

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 [Signature] Address HOSPITAL NG MAYNILA
Name in print TERESITA RAY EVANGELISTA, M.D. PRES. QUIRINO AVE.
Title or position RES. PHYSICIAN Date JANUARY 29, 1990

14. INFORMANT
Signature Anna Liza M. Villaruel Address 3026 Don Pedro St. Makati
Name in print ANNA LIZA M. VILLARUEL
Relationship to child Mother Date January 29, 1990

15a. PREPARED BY
Signature [Signature]
Name in print J. M. AQUILAS
Title or position CLERK
Date FEBRUARY 13, 1990 /abt

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature]
Name in print [Signature]
Title or position CIVIL REGISTRAR
Date FEB 24 1990

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT _____

16b. DATE WHEN INFORMATION WAS SUPPLIED 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)

PROVINCE _____ Local Civil Registry No. 90100033 Registration Status ☒

CITY/MUNICIPALITY MANILA

17. Weight at Birth (in grams) 7 lbs. 9 oz 3503

18. Birth Order of Child (first, second, etc.) 1st 01

19a. Total Number of Children Born Alive 01

19b. How many children are now living including this birth? 01

19c. How many children were born alive but are now dead? 00

20. Usual Occupation Housewife 20

21. Age at the time of this Birth 21

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

23. Usual Occupation 990

24. Age at the time of this Birth 99

25. Attendant at Birth (Place 'X' on appropriate answer)
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Hilot ☐ 5 Others ☐

Sex M Date of Birth 10 01 90 Place of Birth 39107 Mother's Nationality ☐ Father's Nationality ☐

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

"IPAKITA SA MUNDO. UMAASENSA NA TAYO"

08280-55-701NDB-00493-BI002

BEST POSSIBLE IMAGE



1701082807010049309022022002

YP700203240

BReN

03900-A90AA49-0

Documentary
Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



PURSUANT TO THE DECISION RENDERED BY CDR MARIA JOSE A. ENCARNACION A. Ocampo DATED FEBRUARY 07, 2022 AND AFFIRMED BY CDR NO. 22-2264885, THE MOTHER'S MIDDLE NAME IS HEREBY CORRECTED TO "MAHAGANAG".

OCCRG No. 22-2264885
02/16/2022 02:36:03 PM

MARZLA GRANDE
(Chief of Change)
Assistant National Statistician
Civil Registration Service