



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

(To be accomplished in triplicate)

PROVINCE \_\_\_\_\_  
CITY / MUNICIPALITY \_\_\_\_\_

LOCAL CIVIL REGISTRAR NO. 84 23527

1 NAME (First) CATHERINE CECILLE (Middle) ESPINILI (Last) VILLADELGADO

2 SEX (Place 'X' on appropriate answer) X 2 Female  
3. DATE OF BIRTH (Day) 22 (Month) July (Year) 1984

4 PLACE OF BIRTH (Name of Hospital / Institution; if not in hospital, give street / barangay) CAPITOL MEDICAL CENTER (City / Municipality) QUEZON CITY (Province) \_\_\_\_\_

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

6 MAIDEN NAME (First) Cynthia Macarandang (Middle) \_\_\_\_\_ (Last) Espinili

7. NATIONALITY Filipino  
8. RELIGION Roman Catholic

9 NAME (First) Francis (Middle) Gonzales Villadelgado (Last) Filipino  
10. NATIONALITY Filipino  
11. RELIGION Roman Catholic

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Aff: davit of Acknowledgment at the back) JANUARY 21, 1984 Quezon City

13 CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:35 o'clock am/pm on the date stated above.

Signature Opelia A. Habana  
Name in print OPELIA A. HABANA, M.D.  
Title or position Physician  
Address CAPITOL MEDICAL CENTER  
QUEZON CITY  
Date July 22, 1984

14 INFORMANT  
Signature \_\_\_\_\_  
Name in print CYNTHIA E. VILLADELGADO  
Relationship to child Mother  
Address # 146 A. N.S. Amoranto Sr. Ave.  
Quezon City  
Date July 23, 1984

15a PREPARED BY  
Signature Beverly P. Panganiban  
Name in print BEVERLY P. PANGANIBAN  
Title or position Medical Records Clerk  
Date July 23, 1984

b RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in print ROSELYN U. MANADIS  
Title or position SUPERVISING CIVIL REGISTRY OFFICER  
Date \_\_\_\_\_

15b. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
a. DATE WHEN INFORMATION WAS SUPPLIED \_\_\_\_\_