NATIONAL STATISTICS OFFICE NSO

MUNICIPAL FORM No. 103-(REVISED JAN. 1959) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

WILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: _____ (a) Civil Registrar General No. _____

City or Municipality: _____ (b) Local Civil Registrar No. 2059

RESERVE FOR BINDING

1. PLACE OF BIRTH

a. PROVINCE

b. CITY OR MUNICIPALITY

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

b. CITY OR MUNICIPALITY

c. NUMBER AND STREET

d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐

e. IS RESIDENCE ON A FARM? Yes ☐ No ☐

CHILD

3. NAME (Type or print) First Middle Last

4. SEX

5a. THIS BIRTH Single ☐ Twin ☐ Triplet ☐

5b. IF TWIN OR TRIPLET, WAS CHILD 1st ☐ 2nd ☐ 3rd ☐

6. DATE OF BIRTH Month Day Year

FATHER

7. NAME First Middle Last

RELIGION

8. NATIONALITY

8a. RACE

9. AGE (At time of this birth) Years 30

10. BIRTHPLACE

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

MOTHER

12. MAIDEN NAME First Middle Last

RELIGION

13. NATIONALITY

13a. RACE

14. AGE (At time of this birth) Years 30

15. BIRTHPLACE

16. LIVE BIRTHS OTHER THAN THIS ONE DELIVERED TO MOTHER (Do not include this birth)

a. How many children are now living?

b. How many other children were born alive but are now dead?

c. How many fetal deaths (Stillborn born dead any time after conception)?

17a. INFORMANT'S SIGNATURE:

b. NAME IN PRINT:

c. ADDRESS

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.

a. SIGNATURE:

b. NAME IN PRINT:

c. ADDRESS:

d. DATE SIGNED BY ATTENDANT AT BIRTH:

e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR

a. SIGNATURE:

b. NAME IN PRINT:

c. TITLE OR POSITION:

d. DATE:

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 3900

22a. LENGTH OF PREGNANCY _____ Completed Weeks.

22b. WEIGHT AT BIRTH _____ Lbs. _____ Oz.

23. LEGITIMATE ☐ Yes ☐ No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

(Month) (Date) (Year)

City or Municipality _____ Province _____

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE:

NAME IN PRINT:

TITLE OR POSITION:

DATE:

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE

CARMELITA N. ERICTA