Municipal Form No. 102—(Revised 1956)

(TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY LEGIBLY IN INK OR TYPEWRITER)

Prov. LEYTE

City or Municipality: BAYBAY

Register Number:
(a) Civil Registrar-General No. 928 (e-83)
(b) Local Civil Registrar No. 928

1. Place of Birth
a. Province LEYTE
b. City or Municipality BAYBAY
c. Name of Hospital or Institution (If not in hospital, give street ...) WESTERN LEYTE GEN. JOSPITAL
d. Is Place of Birth Inside City Limits? Yes () No (x)

2. Usual Residence of Mother (Where does mother live?) 370PC
a. Province LEYTE 370PC
b. City or Municipality BAYBAY
c. Number and Street J.P. LAUREL ST.
d. Is Residence Inside City Limits? Yes () No (x)
e. Is Residence on a Farm? Yes () No (x)

CHILD
3. Name (Type or print) First TONI MARC Middle LORETO Last DARGANTES
4. Sex M
5a. This Birth Single (x) Twin () Triplet ()
5b. If Twin or Triplet, was Child 1st () 2nd () 3rd ()
6. Date of Birth Month 4 Day 29 Year 1983

FATHER
7. Name First BUENAVENTURA Middle BOHOLST Last DARGANTES
8. Nationality FIL.
8a. Race BR.
Religion R.C.
9. Age (At time of this birth) Years
10. Birthplace BAYBAY, LEYTE
11a. Usual Occupation
11b. Kind of Business or Industry

MOTHER
12. Maiden Name First FE ISABEL Middle TIGOL Last LORETO
Religion R.C.
13. Nationality FIL.
13a. Race BR.
14. Age (At time of this birth) Years 24
15. Birthplace BAYBAY, LEYTE
16. Previous Deliveries to Mother (Do not include this birth)
a. How many children are now living? 1
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (born dead any time after conception)?

17a. Informant's Signature
b. Name BUENAVENTURA DARGANTES
c. Address JP. AUREL ST. BAYBAY, LEYTE

18. Mother's Mail (Address: Number, Street, City or Municipality, Province) J.P. LAUREL ST. BAYBAY, LEYTE

ATTENDANT AT BIRTH
19. I hereby Certify that I attended the birth of this child who was born alive at 12.25 o'clock A. M. on the date above indicated.
a. Signature:
b. Name in Print PERPETUA M. PILPA, MD
c. Address:

d. Date Signed by Attendant at Birth
e. Title of Attendant at Birth: (x) M. D. () Midwife () Nurse () Others (Specify)

20. Received in the Office of the Local Civil Registrar by:
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:

22a. Length of Pregnancy ___ Completed Weeks
22b. Weight at Birth 7 Lbs. ___ Oz.
23. Legitimate (x) Yes () No

24. Date and Place of Marriage of Parents (For legitimate birth) APRIL 28 1983 (Month) (Date) (Year)
City or Municipality BAYBAY Province LEYTE

25. This Certificate is Prepared by:
Signature
Name in Print LOLITA L. FLANDEZ
Title or Position 4-30-83

Margin (right): 370PC, 370PC, 04, 29, 83, BR, 01, 24, 34, 06, 07, 0890

SPACE FOR MEDICAL AND HEALTH USE ONLY ...

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1 (a). 1 (b). 1 (c). 2. 2 (c). 4. 5 (a). 5 (b). 6. 8. 9. 11 (a). 11 (b). 13. 14. 16 (a). 16 (b). 16 (c). 19 (c). 22 (a) 22 (b) 23.

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BEST POSSIBLE IMAGE

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LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority