



MUTUAL FORM NO. 101 - (Revised Dec. 1, 1980)

(TO BE ACCOMPANIED BY DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:

 Province: Leyte
 City or Municipality: Baybay

 (a) Civil Registrar General No. 2323 (1-83)
 (b) Local Civil Registrar No. 3408L

1. PLACE OF BIRTH a. Province <u>Leyte</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. Province <u>Leyte</u>	
b. City or Municipality <u>Baybay</u>		b. City or Municipality <u>Baybay</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>No. Hibunawan</u>		d. NUMBER AND STREET <u>No. Hibunawan, Baybay, Leyte</u>	
e. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☒		f. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒	
3. NAME (Type or print) <u>ROMEL</u> <u>ROSALLES</u> <u>MARTE</u>		4. DATE OF BIRTH <u>28</u> Month <u>Sept</u> Day <u>28</u> Year <u>1983</u>	
4. SEX <u>Male</u>	5. IS TWIN OR TRIPLET WAS CHILD 1st ☐ 2nd ☐ 3rd ☐	6. RELIGION <u>Rom. Cath</u>	
7. NAME <u>Baltazar</u> <u>Latorena</u> <u>Marte</u>	8. NATIONALITY <u>Phil.</u>	9. RACE <u>Brown</u>	
10. AGE (At time of this birth) <u>32</u>	11. BIRTHPLACE <u>No. Hibunawan, Baybay</u>	12. USUAL OCCUPATION <u>Farmer</u>	
13. MAIDEN NAME <u>Erlinda</u> <u>Rosillos</u> <u>Rosales</u>	14. BIRTHPLACE <u>No. Hibunawan, Mahaplag, Leyte</u>	15. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>2</u>	
16. AGE (At time of this birth) <u>28</u>	17. BIRTHPLACE <u>No. Hibunawan, Mahaplag, Leyte</u>	18. HOW MANY children are now living? <u>1</u>	
19. INFORMANT'S SIGNATURE: a. NAME IN PRINT: <u>BALTASAR I. MARTE</u> b. ADDRESS: <u>No. Hibunawan, Baybay</u>		20. HOW MANY other children were born alive but are now dead? <u>1</u>	
21. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) <u>No. Hibunawan, Baybay Leyte</u>		22. DATE WHEN GIVEN NAME WAS SUPPLIED <u>99</u> Month <u>10</u> Day <u>26</u> Year <u>83</u>	
23. SIGNATURE: a. NAME IN PRINT: <u>ERLINDA ROSILLOS</u> b. TITLE OR POSITION: <u>Wife</u> c. DATE: <u>10/26/83</u>		24. DATE WHEN GIVEN NAME WAS SUPPLIED <u>99</u> Month <u>10</u> Day <u>26</u> Year <u>83</u>	
25. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) Date: <u>September 10, 1975</u> City or Municipality: <u>Baybay</u> Province: <u>Leyte</u>		26. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: <u>SOLEDAD E. MONENGO</u> NAME IN PRINT: <u>SOLEDAD E. MONENGO</u> TITLE OF POSITION: <u>Clerk</u> DATE: <u>10/26/83</u>	

10-339

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

3350

08672-E1-991CBM-01600-BI001

BEST POSSIBLE IMAGE

T080086729910160009292023001
BR500201004BReN
03708-A83SU03-9Documentary
Stamp Tax Paid
 CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority