Municipal Form No. 102—(Revised Dec. 1, 1988) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:
(a) Civil Registrar-General No. 93-E-81
(b) Local Civil Registrar No. 93-E-81

Province: Bohol
City or Municipality: Loay

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

RESERVED FOR BINDING

CHILD

1. Name (Type or print): First: MAGDALENE Middle: ARAZO Last: CESAR
2. Sex: F
3a. This Birth: Single ☐ Twin ☐ Triplet ☐
3b. If Twin or Triplet, This Child: 1st ☐ 2nd ☐ 3rd ☐
4. Date of Birth: Month May Day 26 Year 81
5. Place of Birth:
a. Province: Bohol
b. City or Municipality: Loay
c. Name of Hospital or Institution (If not in hospital, give street address): Home
d. Is Place of Birth Inside City Limits? Yes ☐ No ☐
6. Usual Residence of Mother (Where does mother live?)
a. Province: Bohol
b. City or Municipality: Loay
c. Number and Street: Calvario 2
d. Is Residence Inside City Limits? Yes ☐ No ☐
e. Is Residence on a Farm? Yes ☐ No ☐

FATHER

7. Name: First: Delfin Middle: Cesar Last:
8. Religion: R.C.
9. Nationality: Fil.
10. Race: Brown
11. Age (At time of this birth): 49
12. Birthplace: Loay, Bohol
13a. Usual Occupation: Fishing
13b. Kind of Business or Industry:

MOTHER

14. Maiden Name: First: Marcela Middle: Arazo Last:
15. Religion: R.C.
16. Nationality: Fil.
17. Race: Brown
18. Age (At time of this birth): Years 44
19. Birthplace: Loay, Bohol
20. Previous Deliveries to Mother (Do not include this birth): 12
a. How many children are now living? 13
b. How many other children were born alive but are now dead?
c. How many fetal deaths (stillbirths) were there (any time after conception)?

21a. Informant's Signature:
b. Name in Print: DELFIN CESAR
c. Address: Loay, Bohol

22. Mother's Mailing Address (Number, Street, City or Municipality, Province): Calvario Loay, Bohol

ATTENDANT AT BIRTH

23. I hereby certify that I attended the birth of this child who was born alive at ___ o'clock ___ M. on the date above written.
a. Signature:
b. Name in Print: Mrs. Eufemia Aguirre
c. Address: Loay, Bohol

24. Date Signed by Attendant at Birth:
25. Title of Attendant at Birth: C.M.D. ☐ Midwife ☐ Licensed ☐ Others (Specify)

RECEIVED BY THE OFFICE OF THE LOCAL CIVIL REGISTRAR

26a. Signature:
b. Name in Print: REYGINO R. PAREDES
c. Title or Position: Local Civil Registrar
d. Date:

27. Given Name Added per Supplemental Report:
28. Date When Given Name was Supplied: 5/29/81

29a. Length of Pregnancy: Completed Weeks
29b. Weight at Birth: Lbs. 8 Oz.
30. Legitimate: Yes ☐ No ☐
31a. Date and Place of Marriage of Parents (For legitimate birth): January 17, 1957 (Month) Loay (City or Municipality) Bohol (Province)
31b. This Certificate is Prepared by:
Signature:
Name in Print: ALFONSA T. SARAD
Title or Position: Linenea Clerk
Date:

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES 4150

05940-GG-999CCV-01743-BI001
BEST POSSIBLE IMAGE
T089059409990174304062016001
IK400194749

BReN
01228-A81KS01-9

Documentary
Stamp Tax Paid

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