Municipal Form No. 102—(Revised Dec. 1, 1945) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Negros Occidental
City or Municipality: Bacolod City

Register Number:
(a) Civil Registrar-General No. 8AH5 (L-94)
(b) Local Civil Registrar No.

CHILD

1. Place of Birth
a. Province: Negros Occidental
b. City or Municipality: Bacolod City
c. Name of Hospital or Institution (If not in hospital, give street address): Bacolod Sanitarium and Hospital
d. Is Place of Birth Inside City Limits? Yes ☒ No ☐

2. Usual Residence of Mother (Where does mother live?)
a. Province: Negros Occidental 45010
b. City or Municipality: Talisay 4128 W
c. Number and Street: Gamboa Subdivision 0
d. Is Residence Inside City Limits? Yes ☐ No ☐
e. Is Residence on a Farm? Yes ☐ No ☐ 0

3. Name (Type or print): First CARLOS Middle MACAHILO Last VEGA 11
4. Sex: M
5a. Type Birth: Single ☒ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month Nov Day 28 Year 1979 28

FATHER

7. Name: First Charles Middle Israel Last Vega
8. Religion: RC
9. Nationality: Fil.
9a. Race: Brown 79
10. Age (At time of this birth): Years 25
11. Birthplace: Baybay, Leyte
11a. Usual Occupation: Employee
11b. Kind of Business or Industry: /

MOTHER

12. Maiden Name: First Myraluna Middle Pendon Last Macahilo
13. Religion: RC
14. Nationality: Fil.
14a. Race: Brown 25
15. Age (At time of this birth): Years 33
16. Birthplace: Dingle, Iloilo
17. Previous Deliveries to Mother (Do not include this birth): 0 X-20
a. How many children are now living? 0
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (fetus born dead any time after conception)? 0 33

17c. Informant's Signature: Myraluna V. Vega
b. Name in Print: Myraluna V. Vega
c. Address: Talisay, Neg. Occ.

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Gamboa Subdivision, Talisay, Negros Occidental /

19. ATTENDANT AT BIRTH
I hereby certify that I attended the birth of this child who was born alive at 9:45 o'clock A. M. on the date above indicated.
a. Signature:
b. Name in Print: TERESA L. AGUILAR, M.D.
c. Address: Bacolod City
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 by:
a. Signature:
b. Name in Print:
c. Title or Position:
d. Date: 12/11/79

21. a. Given Name Added from Supplemental Report: 05
b. Date When Given Name was Supplied: November 28, 1979 /

22a. Legitimated: (Only when Married)
22b. Weight at Birth: 6 Lbs. Oz.
23. Legitimate: ☒ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth)
December (Month) 8 (Day) 1978 (Year)
City or Municipality: Ormoc City Province: Leyte

25. This Certificate is Prepared by:
Signature:
Name in Print: Perida A. Aviles
Title or Position: Secretary
Date: November 30, 1979

18—239 ATTACH FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

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RESERVE FOR BINDING

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

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

Lisa Grace S. Bersales
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Philippine Statistics Authority