Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE ______ LOCAL CIVIL REGISTRY NO. 87- 2745

CITY/MUNICIPALITY [illegible]

1. NAME (First) [illegible] (Middle) MAZO (last) PONCE

2. SEX (Place "X" on appropriate answer) X 1 Male 2 Female

3. DATE OF BIRTH (Day) 4 (Month) Dec. (Year) 1987

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) Bo. [illegible] (City/Municipality) Baybay (Province) Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) o 1 Single 2 Twin 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third 4th, etc.

Mother

6. MAIDEN NAME (First) Francisca (Middle) [illegible] (Last) Mazo

7. NATIONALITY Fil.

8. RELIGION Rom. Cath.

Father

9. NAME (First) Regulio (Middle) [illegible] (Last) Ponce

10. NATIONALITY Fil.

11. RELIGION Rom. Cath.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, Fill Affidavit of Acknowledgment at the back) July [illegible], 198[illegible] Baybay, Leyte

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 9:00 P.M. *o'clock a.m./p.m. on the date stated above.*

Signature [signature]
Name in print MARIA [illegible] C. CAÑO
Title or position Midwife
Address Bo. San Agustin, Baybay Leyte
Date 12-[illegible]-87

14. INFORMANT

Signature [signature]
Name in print MARIA [illegible] C. CAÑO
Relationship to child
Address Bo. San Agustin, Baybay Leyte
Date 12-[illegible]-87

15a. PREPARED BY Attending Midwife

Signature [signature]
Name in print [illegible]
Title or position Registry Clerk
Date 12-[illegible]-87

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [signature]
Name in print [illegible] V. [illegible]
Title or position Local Civil Registrar
Date 12-[illegible]-87

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

3490

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 8 7 0 2 7 4 5 (9) Registration Status (15)

PROVINCE Leyte
CITY/MUNICIPALITY Baybay

Child

17. Weight at Birth (in grams) [illegible] — 3 [illegible] 7 5 (16)

18. Birth Order of Child Ex. first, second, etc. 4th — 0 4 (20)

Mother

19a. Total Number of Children Born Alive 4 — 0 4 (22)

b. How many children are now living including this birth? 4 — 0 4 (24)

c. How many children were born alive but are now dead? 0 — 0 0 (28)

20. Usual Occupation Housekeeper — [illegible] (26)

21. Age at the time of this Birth 27 — [illegible] (31)

22. Usual Residence (Barangay) Bo. [illegible] (City/Municipality) Baybay (Province) Leyte — 3 7 0 [illegible] 5 (33)

Father

23. Usual Occupation Carpenter — [illegible] (39)

24. Age at the time of this Birth 27 — 2 7

25. Attendant at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse X 3 Midwife 4 Hilot 5 Others — 3 (43)

Sex (44) | Date of Birth (45) [illegible] | Place of Birth (51) [illegible] | Mother's Nationality (56) | Father's Nationality (57)

NAME OF CHILD

First (69) [illegible] | M.I. (70) M | Last (71) [illegible]

RESERVE FOR BINDING

07618-6A-402CCL-00066-BI001

BEST POSSIBLE IMAGE

T402076184020006611092020001
M0500107847

BReN
03708-A87Y401-2

Documentary
Stamp Tax Paid

[signature]
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority