Municipal Form No. 102—(Revised Dec. 1, 1938) (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. [illegible]
(b) Local Civil Registrar No. 37[illegible]

Province: LEYTE
City or Municipality: BAYBAY

RESERVE FOR BINDING

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

2. Usual Residence of Mother (Where does mother live?)
a. Province: LEYTE 3708
b. City or Municipality: BAYBAY 3708
c. Barrio and Street: BGY. PANGASUGAN
d. Is Residence in a City Limits? Yes ( ) No X( )
e. Is Residence on a Farm? Yes ( ) No X( )

CHILD

3. Name (Type or print): First RAL-JIE Middle SORIA Last MANAGBANAG
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 JULY Day 31 Year 1983

FATHER

7. Name: First ROGELIO Middle PAMAN Last MANAGBANAG
8. Religion: R.C.
9. Nationality: FIL.
10. Age (At time of this birth): Years 34
11. Birthplace: BAYBAY, LEYTE
11a. Usual Occupation:
11b. Kind of Business or Industry: BR.

MOTHER

12. Maiden Name: First REBECCA Middle RALIOS Last SORIA
13. Religion: R.C.
13a. Nationality: FIL.
13b. BR.
14. Age (At time of this birth): Years 21
15. Birthplace: BAYBAY, LEYTE
16. Previous Deliveries to Mother (Do not include this birth): 2
a. How many children are now living? 2
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. Informant's Signature: [signature]
b. Name in print: ROGELIO PAMAN MANAGBANAG
c. Address: BO. PANGASUGAN, BAYBAY, LEYTE

18. Mother's Mailing Address: BO. PANGASUGAN BAYBAY, LEYTE

ATTENDANT AT BIRTH

19. I Hereby Certify that I attended the birth of this child who was born alive at 7:20 o'clock A.M. on the date above indicated.
a. Signature: [signature]
b. Name in Print: [illegible] M.D.
c. Address: BAYBAY, LEYTE
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: X( ) M. D. ( ) Nurse ( ) Midwife ( ) Others (Specify) 1240

20. Received in the Office of the Local Civil Registrar by:
a. Signature: [signature]
b. Name in Print:
c. Title or Position:
d. Date: 8/9/83

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. Ozs.
23. Legitimate: X( ) Yes ( ) No

24. Date and Place of Marriage of Parents (For legitimate birth): SEPT. 18 1982, BAYBAY, LEYTE

25. This Certificate is Prepared by: VIRGINIA I. DUMAGUING
Signature:
Name in Print: DR. NURSE
Title or Position:
Date: 7-31-83

06822-8B-402MAA-00855-BI001

BEST POSSIBLE IMAGE

BReN
[03708-A83NX02-6]

Documentary
Stamp Tax Paid

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