PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102—(Revised Dec. 1, 1967) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: .....
City or Municipality: .....

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 2872

RESERVE FOR BINDING

CHILD

1. Place of Birth — a. Province: Baybay — b. City or Municipality: Leyte — c. Name of Hospital or Institution (If not in hospital, give street Address): Baybay — d. Is Place of Birth Inside City Limits? Yes ( ) No ( ) Tres Martes Sts.

2. Usual Residence of Mother (Where does mother live?) — a. Province: [illegible] — b. City or Municipality: Leyte — c. Number and Street: Baybay — d. Is Residence Inside City Limits? Yes ( ) No ( ) Tres Martes Sts. — e. Is Residence on a Farm? Yes ( ) No ( )

3. Name (Type or print): First: X — Middle: X — Last: X

4. Sex: Female — 5a. This Birth: Single ( ) Twin ( ) Triplet ( ) — 5b. If Twin or Triplet, was Child 1st ( ) 2nd ( ) — 6. Date of Birth: Month: OCTOBER — Day: 24 — Year: 1968

FATHER

7. Name: First: X — Middle: DALISAY — Last: VILLARUEL — Religion: Cath. — 8. Nationality: Filo — 8a. Race: Brown

9. Age (At time of this birth): 36 Years — 10. Birthplace: Boholat — 11a. Usual Occupation: Farmer — 11b. Kind of Business or Industry: [illegible]

MOTHER

12. Maiden Name: First: X — Middle: Tres Martes — Last: Sts. — Religion: Driver — 13. Nationality: Filo — 13a. Race: Brown

14. Age (At time of this birth): 36 Years — 15. Birthplace: Epifania Boncolado Villaruel — 16. Previous Deliveries to Mother (Including this birth): Catholic

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 (stillbirths) were born dead any time after conception)? 0

17a. Informant's Signature: [illegible] — b. Name in print: [illegible] Hogon, Leyte — c. Address: [illegible]

18. Mother's Mailing Address (Number, Street, City or Municipality, Province): Tres Martes Sts., Baybay, Leyte

19. ATTENDANT AT BIRTH

I Hereby Certify that I attended the birth of this child who was born alive at [illegible] o'clock [illegible] M. on the date above indicated.

a. Signature: [illegible]
b. Name in Print: [illegible]
c. Address: [illegible]

d. Name, Address of Attendant at Birth: [illegible] Tres Martes St., Baybay, Leyte

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: [illegible] Leyte
b. Name in Print: [illegible]
c. Title or Position: [illegible]
d. Date: [illegible]

21. a. Given Name Added from Supplemental Report: X — Pilot

b. Date When Given Name was Supplied: 0350

22a. Length of Pregnancy: [illegible] Completed 20-28 — b. Plurality of Birth: [illegible] — 23. Legitimate: [illegible]

24. Date and Place of Marriage of Parents (For legitimate birth)
(Month) [illegible] (Date) 19 (Year) 1960
City or Municipality: [illegible] Province: [illegible]

25. This Certificate is Prepared by:
Signature: X
Name in Print: [illegible]
Title or Position: [illegible] Clerk
Date: 11-29-70

26—28 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) Baybay Leyte

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

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

07256-A5-402SLL-00125-BI005

BEST POSSIBLE IMAGE

T4020725640200125111320190O5

XN300358296

BReN
03708-A68VQ01-6

Documentary
Stamp Tax Paid

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