MUNICIPAL FORM NO. 102 (Revised Dec. 1, 1958)

(To be accomplished in duplicate)

CERTIFICATE OF LIVE BIRTH

(A) Register No. ______
(B) Civil Register No. 3043
(C) Local Civil Registrar No. ______

Province: Leyte
City or Municipality: Baybay

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)
   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. Number and Street: Bo. [illegible]
   d. Is Res. inside City Limits. Yes ( ) No (x) Is Residence on a Farm. Yes ( ) No ( )

3. Name (Type or Print) FIRST: MARIA [illegible] MIDDLE: [illegible] LAST: STA. IGLESIA

4. [illegible] 5 a. This birth: Single (x) Twin ( ) Triplet ( ) 5 b. If Twin or Triplet the child was 1st ( ) 2nd ( ) 3rd ( ) Date of birth Month Oct. Day [illegible] Year 197[illegible]

7. Name First: [illegible] Middle: [illegible] Last: Sta. Iglesia Religion: Rom. Catholic 8. Nationality: Filipino 8a. Race: [illegible]

9. Age (At Time of this birth) Years: 27 10. Birthplace: Baybay, Leyte 11a Usual Occupation: [illegible] 11b Kind of Business or Industry

12. Maiden Name First: Flora Middle: [illegible] Last: [illegible] Religion: Rom. Catholic 13. Nationality: Fil. 13a Race: [illegible]

14. Age (At time of this birth) Years: [illegible] Birth place: Baybay, Leyte

16. Previous Deliveries to Mother (Do not include this birth)
   a. How many children are now living
   b. How many other were born alive but are now dead
   c. How many fetal deaths (born dead any time conception)

Informant's Signature: [signature]
[illegible] STA. IGLESIA
[illegible] Baybay, Leyte

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Bo. [illegible] Baybay, Leyte

ATTENDANT AT BIRTH

19. I HEREBY CERTIFY, that I attended the birth of this child who was born alive at [illegible] o'clock P. M. on the date above indicated
   a. Signature:
   b. Name in Print: Dr. [illegible] Jr.
   c. Address: [illegible] Baybay, Leyte
   d. Date: November [illegible], 1977
   d. Date signed by Attendant at Birth:
   e. Title of Attendant at Birth: (x) M. D. ( ) Nurse ( ) Midwife ( ) Other (Specify)

20. Received in the Office of the Local Civil Registrar by
   a. Signature:
   b. Name in Print: [illegible]
   c. Title or position: Clerk Registrar

21 a. Give Name Added from Supplemental Reports: Date when given-name was supplied:

22. Length of Pregnancy: completed weeks 22b Weight of Birth ____ lbs. ____ oz.

23. [illegible] Yes (x) No ( )

24. Date and Month of Marriages of Parents (For legitimate birth) Month: May Day: [illegible] Year: 1976 City or Municipality: Baybay Province: Leyte

25. This Certificate is Prepared By:
   Signature: [signature]
   Name in Print: [illegible]
   Title or Position: Clerk
   Date: [illegible]

03912-E3-402CBM-00341-BI001

BEST POSSIBLE IMAGE

T402039124020034109172010001

MG800043191

BReN [03708-A77VU02-7]

Documentary Stamp Tax Paid

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office