Municipal Form No. 102 – (Revised Dec. 1, 1968) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte

City or Municipality: Tacloban City

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 82

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. PROVINCE: Leyte
b. CITY OR MUNICIPALITY: Tacloban City
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bethany Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. PROVINCE: Leyte
b. CITY OR MUNICIPALITY: Tolosa
c. NUMBER AND STREET: No. Zamora Street
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒
e. IS RESIDENCE ON A FARM? Yes ☐ No ☒

CHILD

3. NAME (Type or print): First MARIA ALVA ATENEA; Middle ZABALA; Last ZABALZA
4. SEX: Female
5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: (Month) March 2, 1978

FATHER

7. NAME: First [illegible] CABAOBIO; Middle CABAOBIO; Last ZABALZA
8. RELIGION: R.C.
9. NATIONALITY: Filipino
9a. RACE: Leyte
10. AGE (At time of this birth) Years: 38
11. BIRTHPLACE: Tolosa, Leyte
11a. USUAL OCCUPATION: Govt. Employee
11b. KIND OF BUSINESS OR INDUSTRY

MOTHER

12. MAIDEN NAME: First ELISEDA; Middle PEPITO; Last ZABALA
13. RELIGION: Iglesia
13. NATIONALITY: Filipino
13a. RACE: Leyte
14. AGE (At time of this birth) Years: 38
15. BIRTHPLACE: Tolosa, 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: ELISEDA P. ZABALA
c. ADDRESS: Tolosa, Leyte

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) No. [illegible] Tolosa, Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 8:20 o'clock A M on the date above indicated.

a. SIGNATURE: [signature]
b. NAME IN PRINT: MARIANO P. LIT, M.D.
c. ADDRESS: Bethany Hospital, Tacloban 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: [signature]
b. NAME IN PRINT: Judy M
c. TITLE OR POSITION:
d. DATE: 3-14-78

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: Lbs. 6 Oz.
23. LEGITIMATE: ☒ Yes ☐ No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): January 10, 1970
(Month) (Date) (Year)
City or Municipality Tolosa, Province Leyte

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: [signature]
NAME IN PRINT: ELISEO M. QUINES
TITLE OR POSITION: Computer Clerk
DATE: March 14, 1978

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

Prof. Lic. No. 6990997

Height 1.7