MUNICIPAL FORM, No. 101-(REVISED JAN. 1959) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

WILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: _____ Register Number: (a) Civil Registrar-General No. 49

City or Municipality: _____ (b). Local Civil Registrar No. 2227

CHILD

1. PLACE OF BIRTH
   a. PROVINCE
   b. CITY OR MUNICIPALITY
   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 ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
   a. PROVINCE
   b. CITY OR MUNICIPALITY
   c. NUMBER AND STREET: 50 de Oro Ste
   d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME (Type or print): First LUCILAN Middle ROYLA Last LLOIG

4. SEX: [illegible]

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: Month NOV Day 2 Year 1973

FATHER

7. NAME: First Eugenio Middle Bacala Last [illegible]

RELIGION:

8. NATIONALITY:

8a. RACE:

9. AGE (At time of this birth): Years 21

10. BIRTHPLACE: [illegible], Ilc

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. MAIDEN NAME: First Melina Middle Mabel Last Bacala

RELIGION:

13. NATIONALITY:

13a. RACE:

14. AGE (At time of this birth): Years 21

15. BIRTHPLACE: [illegible]

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): None

a. How many children are now living? None

b. How many other children were born alive but are now dead? 00

c. How many fetal deaths (Stillborn born dead any time after conception)? 00

17a. INFORMANT'S SIGNATURE: [signature]

b. NAME IN PRINT: EMILIO DUMAN

c. ADDRESS: [illegible], Ilc

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) [illegible]

ATTENDANT AT BIRTH

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 10:45 o'clock A.M. on the date above indicated.

a. SIGNATURE: _____

b. NAME IN PRINT: [illegible] Ilc

c. ADDRESS: _____

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: _____

b. NAME IN PRINT: PRISCILLA A. GERALDO

c. TITLE OR POSITION: Municipal Clerk

d. DATE: [illegible]

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 _____ OZ.

23. LEGITIMATE? ☐ YES ☒ NO 4370

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

(Month) (Date) (Year)

City or Municipality _____ Province _____

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE: Evangeline A. Geraldo

NAME IN PRINT: _____

TITLE OR POSITION: _____

DATE: [illegible]

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

07461-80-402POG-00006-BI001

BEST POSSIBLE IMAGE

T4020746140200006060520200001

F0300100232

BReN
[03708-A73X203-5]

Documentary
Stamp Tax Paid

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