Municipal Form No. 102 (Revised Dec. 1, 1993) (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: Isabel

Register Number:
(a) Civil Registrar-General No. ____
(b) Local Civil Registrar No. 1133

CHILD

1. PLACE OF BIRTH
a. Province: Leyte
b. City or Municipality: Isabel
c. Name of Hospital or Institution (If not in hospital, give street address): ____
d. Is Place of Birth Within City Limits? Yes ☐ No ☑

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte
b. City or Municipality: Isabel
c. Number and Street: Sitio
e. Is Residence Within City Limits? Yes ☐ No ☑
f. Is Residence on a Farm? Yes ☑ No ☐

3. NAME (Type or print): First: ENRIQUE Middle: ESTREMOS Last: CAERTE JR.

4. SEX: Male

5a. TWIN, TRIPLET, ETC.: Single ☑ Twin ☐ Triplet ☐

5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐

6. DATE OF BIRTH: Month Aug. Day 2 Year 1968

FATHER

7. NAME: First: Enrique Middle: Estremos Last: Caerte

8. RELIGION: R.C.

9. NATIONALITY: Filipino

9a. RACE: Bisaya

10. AGE (At time of this birth): Years 46

11. BIRTHPLACE: Sitio Leyte

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: ____

MOTHER

12. MAIDEN NAME: First: Estefania Middle: E. Last: Estremos

13. RELIGION: R.C.

14. NATIONALITY: Filipino

15a. RACE: Bisaya

15. AGE (At time of this birth): Years 38

16. BIRTHPLACE: Sitio Cebu

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 0

a. How many children are now living? ____

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: E. Estremos Caerte

b. NAME IN PRINT: ____

c. ADDRESS: ____

18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province): Sitio Mercedes Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 7:50 o'clock P. M. on the date above indicated.

a. SIGNATURE: ____
b. NAME IN PRINT: S. MANANGHAN
c. ADDRESS: Isabel Leyte

d. DATE SIGNED BY ATTENDANT AT BIRTH: ____

e. TITLE OF ATTENDANT AT BIRTH:
☐ M. D. ☐ Midwife ☐ Nurse ☐ Others (Specify) Rural Health

20. RECEIVED BY THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE: (Sgd) Priscilla Celestino
b. NAME IN PRINT: PRISCILA CELESTINO
c. TITLE OR POSITION: LCR
d. DATE: 9/30/68

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: ____

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 2650

22a. LENGTH OF PREGNANCY: 40 Completed Weeks

22b. WEIGHT AT BIRTH: Lbs. ____ Oz. ____

23. LEGITIMATE: ☐ Yes ☐ No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): NONE
(Month) (Date) (Year)
City or Municipality ____ Province ____

26. THIS CERTIFICATE IS PREPARED BY:
Signature: E. Estremos Caerte
Name in Print: E. E. CAERTE
Title or Position: Pvt. Employee
Date: 9-4-68

13—24 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

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