MUNICIPAL FORM. No. 103-(REVISED JAN., 1960) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

NSO

Province:
City or Municipality:

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 1856

1. PLACE OF BIRTH
a. PROVINCE
b. CITY OR MUNICIPALITY
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
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
d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

CHILD
3. NAME (Type or print) First: Marcel — Middle: Yaranon — Last: Villaluis
4. SEX
5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF BIRTH: Month Oct Day 14 Year 1975

FATHER
7. NAME First: Marcelino — Middle: Bautista — Last: Villaluis
RELIGION: Rom. Cath.
8. NATIONALITY: Fil.
8a. RACE: Brown
9. AGE (At time of this birth) Years 30
10. BIRTHPLACE
11a. USUAL OCCUPATION
11b. KIND OF BUSINESS OR INDUSTRY

MOTHER
12. MAIDEN NAME First: Marcelia — Middle: Bruno — Last: Yaranon
RELIGION
13. NATIONALITY
13a. RACE
14. AGE (At time of this birth) Years
15. BIRTHPLACE
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)
a. How many children are now living?
b. How many other children were born alive but are now dead?
c. How many fetal deaths (premature born dead any time after conception)?

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:

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

19. ATTENDANT AT BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at ___ o'clock ___ M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT:
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 AT:
a. SIGNATURE:
b. NAME IN PRINT:
c. TITLE OR POSITION:
d. DATE:

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED:

3250

22a. LENGTH OF PREGNANCY ___ COMPLETED WEEKS.
22b. WEIGHT AT BIRTH: ___ Lbs. ___ Oz.
23. LEGITIMATE ☐ YES ☐ NO

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:
NAME IN PRINT:
TITLE OR POSITION:
DATE:

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

02757-30-999SGA-00164-BI001

BEST POSSIBLE IMAGE

T0890275799900164072020070001

BReN
[03708-A73VE02-9]

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

PD 600241440