MUNICIPAL FORM NO. 1 (Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE) LCR-NO. .....

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number

Province: Leyte — (a) *Civil Registrar-General No.* .....

City or Municipality: Hilongos — (b) *Local Civil Registrar No.* .....

RESERVE FOR BINDING

CHILD

1. PLACE OF BIRTH
   a. Province: Leyte
   b. City or Municipality: Hilongos
   c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Leyte Baptist Clinic & Hospital
   d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ( ) No X( )

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
   a. Province: Leyte
   b. City or Municipality: Baybay
   c. NUMBER and STREET: Visca
   d. IS RESIDENCE INSIDE CITY LIMITS? Yes ( ) No X( )
   e. IS RESIDENCE ON A FARM? Yes ( ) No X( )

3. NAME (Type or print) — First: Valiant Dominic — Middle: Dedal — Last: Velarde

4. SEX: Male

5a. THIS BIRTH: Single X) Twin ( ) Triplet ( )

5b. IS TWIN OR TRIPLET WAS CHILD: 1st ( ) 2nd ( ) 3rd ( )

6. DATE OF BIRTH: Month Feb. Day 14 Year 84

FATHER

7. NAME: First Ignacio — Middle Sanico — Last Velarde

RELIGION: R.C.

8b. NATIONALITY: Fil.

8c. RACE: Brown

9. AGE (At time of this birth): Years 29

10. BIRTHPLACE: Alang-alang Leyte

11a. USUAL OCCUPATION: Gov't Employee

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. MAIDEN NAME — First: Rosa Ofelia — Middle: Inocente — Last: Dedal

RELIGION: R.C.

12. NATIONALITY: Fil.

13a. RACE: Brown

14. AGE (At time of this birth): Year 25

15. BIRTHPLACE: Inopacan, Leyte

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 1

a. How many children are now living;	b. How many other children were born alive but are now dead?	c. How many fet. deaths fetus, born dead some time after conception
2	0	1

17a. INFORMANT'S SIGNATURE: Velarde

b. Name in Print: MRS. ROSA OFELIA D. VELARDE

b. Address: Visca, Baybay, Leyte

18. MOTHERS' MAILING ADDRESS: (Number; Street; City or Municipality; Province) Same as above

ATTENDANT OF BIRTH

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 6:07 o'clock A.M. on the date above indicated.
   a. SIGNATURE: Bernardo Velarde
   b. NAME IN PRINT: .....
   c. ADDRESS: Leyte Baptist Clinic & Hospital

d. DATE SIGNED BY ATTENDANT OF 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 .....
   c. TITLE OR POSITION .....
   d. DATE .....

21.a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22a. LENGTH OF PREGNANCY: 40 COMPLETED WEEKS.

22b. WEIGHT AT BIRTH: 7 lbs. ..... oz.

23. LEGITIMATE: Yes ( ) No ( ) X

24. DATE AND PLACE OF MARRIAGE OF PARENTS (for legitimate birth)
   November 8 (Month) (Date) (Year)
   City or Municipality Inopacan Province Leyte

25. THIS CERTIFICATE IS PREPARED BY
   SIGNATURE: Ofelia
   NAME IN PRINT: .....
   TITLE OF POSITION: .....
   DATE: .....

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

10——239

(Municipality or City)

(Province)

1.(a) .....
1.(b) .....
1.(c) .....
2. .....
2.(a) .....
4. .....
5.(a) .....
5.(b) .....
6. .....
8. .....
9. .....
11.(a) .....
11.(b) .....
13. .....
14. .....
16.(a) .....
16.(b) .....
16.(c) .....
19.(a) .....
22.(a) .....
22.(b) .....
23. .....

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