PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102—(Revised Dec. 1, 1953)

(TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 579

Province: LEYTE
City or Municipality: BAYBAY

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. Province: LEYTE
b. City or Municipality: BAYBAY
c. Name of Hospital or Institution (If not in hospital, give street address): HOUSE - AMGOHAN
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: 4788
d. Is Residence Inside City Limits? Yes ☐ No ☐
e. Is Residence on a Farm? Yes ☑ No ☐

CHILD

3. Name (Type or print): First FERNANDO Middle DUCAN Last BOLASTIG
4. Sex: M
5a. This Birth: Single ☐ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month APRIL Day 4 1926
7. Legitimate
8. Nationality: FIL
8a. Race: BISAYA

FATHER

7. Name: First FLORENTINO Middle E. Last BOLASTIG
8. Religion: CATHOLIC
9. Age (At time of this birth): Years
10. Birthplace: AMGOHAN BAYBAY LEYTE
11a. Usual Occupation: FARMER
11b. Kind of Business or Industry: FARMING
12. Nationality: FIL
13a. Race: BISAYA

MOTHER

12. Maiden Name: BIBIANA C. Middle Last BOLASTIG
13. Religion: CATHOLIC
14. Age (At time of this birth): Years
15. Birthplace: AMGOHAN BAYBAY
16. Previous Deliveries to Mother (Do not include this birth)
a. How many children are now living? 5
b. How many other children were born alive but are now dead? 3
c. How many total deaths (fetuses born dead any time after conception)?

17a. Informant's Signature: FLORENTINO E. BOLASTIG
b. Name in Print:
c. Address: AMGOHAN BAYBAY
18. Mother's Mailing Address: (Number, Street or Municipality, Province)

ATTENDANT AT BIRTH

19. I hereby certify that I attended the birth of this child who was born alive at BAYBAY o'clock ... M. on the date above indicated.
c. Signature: LUCIA POLACO
b. Name in Print: AMGOHAN BAYBAY
c. Address:

d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: ☐ M. D. ☐ Midwife ☑ Others (Specify) MIDWIFE ☐ Nurse

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: Completed Weeks.
22b. Weight at Birth: 7 lbs. Lbs. ... Oz.
23. Legitimate ☑ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): MAY (Month) 24 (Date) 1961 (Year)
City or Municipality ..... Province .....

25. This Certificate is Prepared by:
Signature:
Name in Print:
Title or Position:
Date:

18—239

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

0730

08910-CC-427RGN-00004-BI001
BEST POSSIBLE IMAGE
T00108910427000040524202400 1

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

QR900620439