Municipal Form No. 102—(Revised Dec. 1, 1958)

(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. 48 (a-77)

Province: Capiz
City or Municipality: Ivisan

1. PLACE OF BIRTH
a. Province: Capiz
b. City or Municipality: Ivisan
c. Name of Hospital or Institution (If not in hospital, give street address): Balaring, Ivisan, Capiz
d. Is Place of Birth Inside City Limits? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Capiz
b. City or Municipality: Ivisan
c. Number and Street: Balaring, Ivisan, Capiz
d. Is Residence Inside City Limits? Yes ☐ No ☒
e. Is Residence on a Farm? Yes ☒ No ☐

CHILD
3. Name (Type or print) — First: CHRISTOPHER — Middle: APITAN — Last: URATE
4. Sex: Male
5a. This Birth: Single ☒
5b. If Twin or Triplet, was Child:
6. Date of Birth — Month: Jan. Day: 2 Year: 1977

FATHER
7. Name — First: Edwin — Middle: Cabian — Last: Urate
8. Nationality: Filipino
8a. Race: Ilocan
Religion: Roman Catholic
9. Age (At time of this birth) — Years: 24
10. Birthplace: Balaring, Ivisan, Capiz
11a. Usual Occupation: Fisherman
11b. Kind of Business or Industry: Fishing

MOTHER
12. Maiden Name — First: Luz — Middle: Valdevez — Last: Apitan
Religion: Roman Catholic
13. Nationality: Filipino
13a. Race: Ilocan
14. Age (At time of this birth) — Years: 19
15. Birthplace: Balaring, Ivisan, Capiz
16. Previous Deliveries to Mother (Do not include this birth): 2
a. How many children are now living? 3
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (born dead at any time after conception)?

17a. Informant's Signature: Edwin C. Urate
b. Name in Print: EDWIN C. URATE
c. Address: Balaring, Ivisan, Capiz

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Balaring, Ivisan, Capiz

ATTENDANT AT BIRTH
19. 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: (Hilot) ☐ M. D. ☐ Nurse ☐ Midwife ☐ Others (Specify) Pelomina Isedrie, Ivisan

20. Received in the Office of the Local Civil Registrar by:
a. Signature: [signature]
b. Name in Print: Ziegfrid B. [illegible]
c. Title or Position: Act. Local Civil Registrar
d. Date: January 18, 1977

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

24. Date and Place of Marriage of Parents (For legitimate birth): June (Month) 27 (Date) 1975 (Year)
City or Municipality: Ivisan Province: Capiz

25. This Certificate is Prepared by:
Signature: [signature]
Name in Print: [illegible]
Title or Position: Acct. [illegible] Clerk
Date: January 4, 1977

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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National Statistician and Civil Registrar General
Philippine Statistics Authority