



Municipal Form No. 102—(Revised Dec. 1, 1955)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATION)

CERTIFICATE OF LIVE BIRTH

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

Province: Luzon Register Number: _____
 City or Municipality: Baybay (a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 222

1. PLACE OF BIRTH
 a. Province: Luzon
 b. City or Municipality: Baybay
 c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): WLPK
 d. Is Place of Birth Inside City Limits? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
 a. Province: Luzon
 b. City or Municipality: Baybay
 c. NUMBER AND STREET: Po. San Agustin
 d. Is Residence Inside City Limits? Yes ☐ No ☐ e. Is Residence on a Farm? Yes ☐ No ☐

3. NAME (Type or print) First Middle Last
Claudio Pecana Ababat

4. SEX: M 5a. TIME BIRTH: SINGLE 5b. Is TWIN OR TRIPLET? WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐ c. DATE OF BIRTH: Month Dec Day 4 Year 1975

6. NAME First Middle Last: Claudio M. Floresca Ababat 7. RELIGION: R.C. 8. NATIONALITY: Phil. 9a. RACE: Bl.
 6. AGE (At time of this birth) Years: 41 10. BIRTHPLACE: Po. San Agustin, Baybay, Luzon 11a. Usual Occupation: Carpenter 11b. Kind of Business or Industry: _____

12. MOTHER'S NAME First Middle Last: Milagros Galvez Pecana 13. RELIGION: R.C. 13. NATIONALITY: Phil. 13a. RACE: Bl.
 14. AGE (At time of this birth) Years: 34 15. BIRTHPLACE: Taquin, Davao del Norte 16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): _____

17a. INFORMANT'S SIGNATURE: Milagros R. Ababat 17b. NAME IN PRINT: Milagros R. Ababat 17c. ADDRESS: Po. San Agustin, Baybay, Luzon
 18. MOTHER'S MARITAL ADDRESS (Number, Street, City or Municipality, Province): Po. San Agustin, Baybay, Luzon

19. I HEREBY CERTIFY that I attended the birth of the child who was born above at _____ o'clock on the _____ day of _____, 1975.
 a. SIGNATURE: [Signature] d. DATE SIGNED BY ATTENDANT AT BIRTH: _____
 b. NAME IN PRINT: _____ e. TYPE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ MIDWIFE ☐ NURSE ☐ OTHER (Specify): _____
 c. ADDRESS: _____ f. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: _____
 20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: _____ g. DATE WHEN GIVEN NAME WAS SUPPLIED: 12-8-75
 a. SIGNATURE: [Signature] 21a. LENGTH OF PREGNANCY: 40 WEEKS 21b. WEIGHT AT BIRTH: 7 lbs. 21c. LENGTH: 14 in.
 b. NAME IN PRINT: [Signature] 22. THIS CERTIFICATE IS PREPARED BY: En. Lila Cruz
 c. TITLE OR POSITION: [Signature] 23. NAME IN PRINT: En. Lila Cruz
 d. DATE: 12-8-75

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate births)
 (Month) Sept (Day) 28 (Year) 1963
 City or Municipality: Baybay Province: Luzon

15-239 (SPACE FOR MEDICAL AND HEALTH NOTES FOR SPECIAL PURPOSES)

06605-F7-402RTC-00374-BI002

BEST POSSIBLE IMAGE

T402066054020037401312018002
UL000980478

BReN

03708-A75Y401-7

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

