Municipal Form No. 102—(Revised Dec. 1, 1950) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte

City or Municipality: Baybay

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

CHILD

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) Western Leyte Provincial Hosp.
   d. Is Place of Birth Inside City Limits? Yes (X) No ( )

2. Usual Residence of Mother (Where does mother live?)
   a. Province: Leyte 3708L
   b. City or Municipality: Baybay 3708L
   c. Number and Street: Jose Abad Santos st. 1
   d. Is Residence Inside City Limits? Yes (X) No ( )
   e. Is Residence on a Farm? Yes ( ) No (X) 2

3. Name (Type or print): First: Julie Ann Middle: Loreto Last: Sales 09

4. Sex: F

5a. This Birth: Single (X) Twin ( ) Triplet ( )

5b. If Twin or Triplet, was Child: 1st ( ) 2nd ( ) 3rd ( )

6. Date of Birth: Month 4 Day 12 Year 1980 12

FATHER

7. Name: First: Restituto Middle: Kilat Last: Sales

8. Religion: RC

8. Nationality: Fil

8a. Race: Br 80

9. Age (At time of this birth): Years 28

10. Birthplace: E. Villamuera Siquijor Province

11a. Usual Occupation: Marine Engineer

11b. Kind of Business or Industry 1

MOTHER

12. Maiden Name: First: Irmina Middle: Loreto Last: Sales

13. Religion: RC

13. Nationality: Fil

13a. Race: Br 28

14. Age (At time of this birth): Years 29

15. Birthplace: Baybay, Leyte

16. Previous Deliveries to Mother (Do not include this birth): 2 0 0 3 (X2)

a. How many children are now living? 3

b. How many other children were born alive but are now dead? 1

c. How many fetal deaths (fetuses born dead any time after conception)? 29 1

17a. Informant's Signature:
b. Name in print:
c. Address:

18. Mother's Mailing (Address: Number, Street, City or Municipality, Province) Jose Abad Santos st, Baybay Leyte 1

19. ATTENDANT AT BIRTH 1

I Hereby Certify that I attended the birth of this child who was born alive at [illegible] P.M. on the date above indicated.

a. Signature: [illegible]
b. Name in Print: [illegible]
c. Address: [illegible]

d. Date Signed by Attendant at Birth: April 13, 1980

Title of Attendant at Birth: (X) M. D. ( ) Nurse { } Midwife { } Others (Specify) 1

20. Received in the Office of the Local Civil Registrar by:
a. Signature: [illegible]
b. Name in Print: [illegible]
c. Title or Position: [illegible]
d. Date: [illegible]

21. a. Given Name Added from Supplemental Report: 36

b. Date When Given Name was Supplied: April 13 1980 25

22a. Length of Pregnancy: 36 Completed Weeks

22b. Weight at Birth: 6 Lbs. [illegible] Oz. 2570

23. Legitimate (X) Yes ( ) 1

24. Date and Place of Marriage of Parents (For legitimate birth): March (Month) 5 (Date) 1974 (Year) City or Municipality E. Villamuera Province Siquijor

25. This Certificate is Prepared by:
Signature: Loreto
Name in Print: FLORA A. LORETO, RN
Title or Position: Nurse
Date: April 13, 1980

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS BOTTOM

01522-58-402FSG-00075-BI001

BEST POSSIBLE IMAGE

T4020152240200075030220040O1

03708-A80HC03-6

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

IB800254217