MUNICIPAL FORM NO. 102 – (Revised Dec. 1, 1982) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:

Province: Leyte

City or Municipality: Baybay

(a) Civil Registrar General No. _____

(b) Local Civil Registrar No. 2323 (1-83)

1. PLACE OF BIRTH a. Province: Leyte	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. Province: Leyte 3108L
b. City or Municipality: Baybay	b. City or Municipality: Baybay 3108L
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bo. Hibunawan	b. NUMBER AND STREET: Bo. Hibunawan, Baybay, Leyte 2
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☐ 2	d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒ X	e. IS RESIDENCE ON A FARM? Yes ☒ X No ☐ 1

CHILD

3. NAME (Type or print): First ROMEL Middle ROSALES Last MARTE 09

4. SEX: Male

5a. TWIN BIRTH: Single ☒ Twin ☐ Triplet ☐

5b. IF TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐

6. DATE OF BIRTH: Month September 28 Year 1983

FATHER

7. NAME: First Baltazar Middle Latorena Last Marte

8. RELIGION: Rom. Cath

9. NATIONALITY: Fil.

10. RACE: Brown 83

11. AGE (At time of this birth): Years 32

12. BIRTHPLACE: Bo. Hibunawan, Baybay

13a. USUAL OCCUPATION: Farmer

13b. KIND OF BUSINESS OR INDUSTRY: 1

MOTHER

14. MAIDEN NAME: First Erlinda Middle Roales Last Rosales

15. RELIGION: Rom. Cath

16. NATIONALITY: Fil.

17. RACE: Brown 82

18. AGE (At time of this birth): Years 28

19. BIRTHPLACE: Bo. Hinamata, Mahaplag, Leyte

20. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 2 619

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT: BALTAZAR L. MARTE
c. ADDRESS: Bo. Hibunawan, Baybay

a. How many children are now living? 2

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

c. How many fet. deaths (stillborn) before completion of this birth? 1

18. USUAL MAILING ADDRESS: (Number, Street, City or Municipality, Province): Bo. Hibunawan, Baybay Leyte 478

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 6:24 a.m. on the date above indicated.

ATTENDANT OF BIRTH

a. SIGNATURE:
b. NAME IN PRINT: EMILIA QUITAS
c. ADDRESS: Bo. Hibunawan

a. DATE SIGNED BY ATTENDANT OF BIRTH: 3 (2)

b. TITLE OF ATTENDANT AT BIRTH:
☐ M.D. ☐ Midwife
☐ Nurse ☒ Others (Specify) Hilot 3 (2)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT: SOLEDAD B. MORENO
c. TITLE OR POSITION: Clerk
d. DATE: 10/25/83

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: 4

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 99 (36)

22a. LENGTH OF PREGNANCY: _____ COMPLETED WEEKS

22b. WEIGHT AT BIRTH: _____ lbs. _____ Oz.

23. LEGITIMATE: ☐ Yes ☐ No 99 AA

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): September 19 1975 (Month) (Date) (Year)
City or Municipality: Baybay Province: Leyte

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: SOLEDAD B. MORENO
TITLE OF POSITION: Clerk
DATE: 10/26/83

10—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) 3350

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BEST POSSIBLE IMAGE

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BReN
03708-A83SU03-9

Documentary
Stamp Tax Paid

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

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