



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 TYPEWRITTEN

Register Number:

Provinces: Leyte
 City or Municipality: Baybay

(a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 712

1. PLACE OF BIRTH				2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. PROVINCE <u>Leyte</u>				a. PROVINCE <u>Leyte</u>			
b. CITY OR MUNICIPALITY <u>Leyte Baybay</u>				b. CITY OR MUNICIPALITY <u>Baybay</u>			
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>59 A/ Bonifacio St.</u>				c. NUMBER AND STREET <u>597A. Bonifacio St.</u>			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?				d. IS RESIDENCE INSIDE CITY LIMITS?		e. IS RESIDENCE ON A FARM?	
Yes ☒ No ☐				Yes ☒ No ☐		Yes ☐ No ☒	
3. NAME (Type or print)							
First <u>Renato</u> Middle <u>Anajao</u> Last <u>Maala</u>							
4. SEX		5a. THIS BIRTH		5b. IF TWIN OR TRIPLET, WAS CHILD		6. DATE OF BIRTH	
Male		SINGLE ☒ TWIN ☐ TRIPLET ☐		1ST ☐ 2ND ☐ 3RD ☐		Month <u>April</u> Day <u>20</u> Year <u>1965</u>	
7. NAME							
First <u>Delfin</u> Middle <u>Bathin</u> Last <u>Maala</u> Religion <u>Catholic</u> Nationality <u>Philippine</u> Sr. Name <u>None</u>							
8. AGE (At time of this birth)		10. BIRTHPLACE		11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
Years <u>37</u>		<u>Tambo, Sta. Teresita, Batangas</u>		<u>Businessman</u>			
12. MOTHER'S NAME							
First <u>Concepcion</u> Middle <u>Timog</u> Last <u>Anajao</u> Religion <u>Catholic</u> Nationality <u>Philippine</u> Sr. Name <u>None</u>							
13. AGE (At time of this birth)		15. BIRTHPLACE		16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)			
Years <u>37</u>		<u>Liloan, Leyte</u>		<u>1</u>			
17a. INFORMANT'S SIGNATURE: <u>Delfin B. Maala</u>				c. How many children are now living?		b. How many other children were born alive but are now dead?	
6. NAME IN PRINT: <u>Mr. Delfin B. Maala</u>				<u>2</u>		<u>0</u>	
c. ADDRESS: <u>Baybay, Leyte</u>				c. How many fetal deaths (miscarriages) have been had any time after conception?		<u>0</u>	
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)							
<u>59 A. Bonifacio St.</u>							
19. ATTENDANT AT BIRTH							
I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>7:35</u> o'clock <u>A.</u> M. on the date above indicated.				d. DATE SIGNED BY ATTENDANT AT BIRTH: <u>May 19, 1965</u>			
a. SIGNATURE: <u>Miss Virginia V. Caras</u>				e. TITLE OF ATTENDANT AT BIRTH:			
b. NAME IN PRINT: <u>Baybay, Leyte</u>				☐ M. D. ☐ MIDWIFE			
c. ADDRESS:				☐ NURSE ☐ OTHERS (Specify)			
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:				21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:			
a. SIGNATURE: <u>Lucio A. GERALDO</u>				b. DATE WHEN GIVEN NAME WAS SUPPLIED: <u>1970</u>			
b. NAME IN PRINT: <u>Lucio A. GERALDO</u>							
c. TITLE OR POSITION: <u>Registrar Clerk</u>							
d. DATE: <u>5/20/65</u>							
22a. LENGTH OF PREGNANCY		22b. WEIGHT AT BIRTH		23. LEGITIMATE			
<u>38</u> COMPLETED WEEKS.		<u>6</u> Lbs. <u>6</u> Oz.		☒ YES ☐ NO			
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)							
Month <u>January</u> Day <u>5</u> Year <u>1963</u>							
City or Municipality <u>Liloan</u> (Date) <u>Leyte</u> Province <u>Leyte</u>							
25. THIS CERTIFICATE IS PREPARED BY:							
SIGNATURE: <u>Virginia V. Caras</u>							
NAME IN PRINT: <u>Miss Virginia V. Caras</u>							
TITLE OR POSITION: <u>Registered Midwife</u>							
DATE: <u>May 19, 1965</u>							

18-333

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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

