Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE LEYTE — LOCAL CIVIL REGISTRY NO. 85 2349

CITY / MUNICIPALITY BAYBAY

1. NAME: (First) ALDRIN (Middle) RUBI (Last) PALERMO

2. SEX (Place 'X' on appropriate answer): 1 Male X 2 Female ___

3. DATE OF BIRTH: (Day) 27 (Month) JULY (Year) 1985

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay): PALERMO'S CLINIC, C. ARELLANO ST. (City/Municipality) BAYBAY (Province) LEYTE

5a. TYPE OF BIRTH (Place 'X' on appropriate answer): X 1 Single ___ 2 Twin ___ 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Third, 4th, etc.

6. MAIDEN NAME (First)	(Middle)	(Last)	7. NATIONALITY	8. RELIGION
MOTHER VIVIAN	SOLON	RUBI	FIL.	RC
9. NAME (First)	(Middle)	(Last)	10. NATIONALITY	11. RELIGION
FATHER JESUS	VALENZONA	PALERMO	FIL.	RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back): DECEMBER 21 1974 CEBU CITY

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 12:20 o'clock a.m./p.m. on the date stated above.

Signature ___ Address BAYBAY, LEYTE
Name in print REGINA V. PALERMO, JR. Date 9-22-85
Title or position ATTENDING PHYSICIAN

14. INFORMANT

Signature ___ Address SAN JOSE ST. BAYBAY, LEYTE
Name in print VIVIAN RUBI PALERMO Date ___
Relationship to child MOTHER

15a. PREPARED BY

Signature ___
Name in print CARLOS [illegible] JR.
Title or position Clerk
Date 10-29-85

b. RECEIVED AT THE OFFICE OF THE LOCAL CIcivil REGISTRAR

Signature ___
Name in print FERDINAND V. SULLA
Title or position L.C.R.O.
Date 10-29-85

0200

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT ___ b. DATE WHEN INFORMATION WAS SUPPLIED ___

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

Local Civil Registry No. 8 5 0 2 3 4 9 (8–15) — Registration Status 2

PROVINCE LEYTE 0200
CITY / MUNICIPALITY BAYBAY

CHILD

17. Weight at Birth (In grams): 3 kg. 3000 (16)

18. Birth Order of Child (Ex. First, second, etc.): 1 01 (20)

19a. Total Number of Children Born Alive: 6 06 (22)

b. How many children are now living including this birth? 7 07 (24)

c. How many children were born alive but are now dead? NONE 00 (26)

MOTHER

20. Usual Occupation: HOUSEWIFE 720 (28)

21. Age at the time of this Birth: 26 26 (31)

22. Usual Residence (Barangay): SAN JOSE ST. (City/Municipality): BAYBAY (Province): LEYTE 370855 (33)

FATHER

23. Usual Occupation: LAWYER 120 (39)

24. Age at the time of this Birth: 40 40 (41)

25. Attendant at Birth (Place 'X' on appropriate answer): X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot ___ 5 Others 1 (43)

RESERVE FOR BINDING

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
M (44)	JULY 27 1985	BAYBAY LEYTE 370855 (59)	F 1 (50)	F 1 (57)

NAME OF CHILD

First	M.I.	Last
ALDRIN (50)	RUBI (70–71)	PALERMO

07328-39-991R1R-00325-BI001
BEST POSSIBLE IMAGE

T0800732899100325012420200001

BReN
03708-A85NT03-7

Documentary
Stamp Tax Paid

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

D0700027720