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MUNICIPAL FORM NO. 102 – (Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

LCR-N(

CERTIFICATE OF LIVE BIRTH

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

Province: Bohol

City or Municipality: Alicia

Register Number:
(a) Civil Registrar-General No. ....
(b) Local Civil Registrar No. 774

(Municipality)

(Province)

1. PLACE OF BIRTH
a. Province
b. City or Municipality
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Bohol 1202
b. City or Municipality: Poblacion Alicia 1202
c. NUMBER AND STREET
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐
e. IS RESIDENCE ON A FARM? Yes ☐ No ☐

CHILD
3. NAME (Type or print) First: Jocelyn Middle: Ayuban Last: Gundaya
4. SEX: F
5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐
5b. IS TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month 7 Day 29 Year 79

FATHER
7. NAME First: Catalino Middle: Flatino Last: Gundaya
RELIGION: R. Catholic
8. NATIONALITY: Fil.
8a. RACE: Brown
9. AGE (At time of this birth) Years: 54
10. BIRTHPLACE: Alicia, Bohol
11a. USUAL OCCUPATION: TNP
11b. KIND OF BUSINESS OR INDUSTRY

MOTHER
12. MAIDEN NAME First: Eufemia Middle: Mendes Last: Ayuban
RELIGION: R. Catholic
13. NATIONALITY: Fil.
13a. RACE: Brown
14. AGE (At time of this birth) Years: 36
15. BIRTHPLACE: Cabatang, Alicia, Bohol
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 6
a. How many children are now living? 7
b. How many other children were born alive but are now dead?
c. How many fet. deaths fetus born dead some time after conception

17a. INFORMANT'S SIGNATURE:
a. NAME IN PRINT: CATALINO F. GUNDAYA
b. ADDRESS: Pob. Alicia, Bohol

18. MOTHERS' MAILING ADDRESS: (Number, Street, City or Municipality, Province) Poblacion Alicia, Bohol

19. ATTENDANT OF BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 8:30 o'clock P.M. on the date above indicated.
a. SIGNATURE
b. NAME IN PRINT: Eufemia M. Ayuban
c. ADDRESS: Cabatang, Alicia, Bohol
d. DATE SIGNED BY ATTENDANT OF BIRTH
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify) Hilot

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY
a. SIGNATURE
b. NAME IN PRINT: EUSEBIA U. BUTCON
c. TITLE OR POSITION: Registrar Clerk
d. DATE: 8/6/79

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT
b. DATE WHEN GIVEN NAME WAS SUPPLIED

22a. LENGTH OF PREGNANCY ..... COMPLETED WEEKS
22b. WEIGHT AT BIRTH ..... lbs ..... Oz
23. LEGITIMATE ☒ Yes ☐ No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) Feb. Alicia 1962 (Month) (Day) (Year)
City or Municipality ..... Province .....

25. THIS CERTIFICATE IS FILED: EUSEBIA U. BUTCON
SIGNATURE
NAME IN PRINT
TITLE OF POSITION
DATE: 8/6/79

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Right margin: 1.(a) 1.(b) 1.(c) 2. 2.(a) 4. 5.(a) 5.(b) 6. 8. 9. 11.(a) 11.(b) 13. 14. 16.(a) 16.(b) 16.(c) 19.(a) 22.(a) 22.(b) 23.

Margin codes: 07 29 79 54 582 36 7 7 4 11

RESERVE FOR BINDING

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

LILIA R. LAURENTE
Statistician Aide