NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102—(Revised Dec. 1, 1974) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte — Register Number: (a) Civil Registrar-General No. 252

City or Municipality: Baybay — (b) Local Civil Registrar No.

RESERVE FOR BINDING

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): Maganaysay Avenue, Baybay
d. Is Place of Birth Inside City Limits? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte
b. City or Municipality: Baybay
c. Number and Street: Maganaysay Avenue
d. Is Residence Inside City Limits? Yes ☒ No ☐
e. Is Residence on a Farm? Yes ☐ No ☒

CHILD

3. Name (Type or print): First AVELINA — Middle ERAGA — Last VILLACORTE
4. Sex: Female
5a. This Birth: Single ☒ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month April Day 29 Year 1965

FATHER

7. Name: First Francisco — Middle Banda Villacorte — Last
Religion: Rom. Cath.
8. Nationality: Filipino
8a. Race: Brown
9. Age (At time of this birth): Years 48
10. Birthplace: Merida, Leyte
11a. Usual Occupation: Employee
11b. Kind of Business or Industry:

MOTHER

12. Maiden Name: First Virgilia — Middle Cerna — Last Eraga
Religion: Rom. Cath.
13. Nationality: Filipino
13a. Race: Brown
14. Age (At time of this birth): Years 43
15. Birthplace: Baybay, Leyte
16. Previous Deliveries to Mother (Do not include this birth): 11
a. How many children are now living? 11
b. How many other children were born alive but are now dead? 1
c. How many fetal deaths (stillborn) born dead any time after conception)? None

17a. Informant's Signature: Felisa Villacorte
b. Name in Print: FELISA VILLACORTE
c. Address: Maganaysay Avenue, Baybay
18. Mother's Mailing Address (Number, Street, City or Municipality, Province): Maganaysay Avenue, Baybay

ATTENDANT AT BIRTH

19. I hereby certify that I attended the birth of this child who was born alive at 3:00 o'clock A.M. on the date above indicated.
a. Signature:
b. Name in Print: Dra. Rosita Roa
c. Address: Baybay, Leyte
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: ☒ M. D. ☐ Midwife ☐ Nurse ☒ Others (Specify)

20. Received in the Office of the Local Civil Registrar on:
a. Signature:
b. Name in Print: EUFROCINIA A. GERALDO
c. Title or Position: Registrar Clerk
d. Date: 5/11/65
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): Jan. (Month) 1939 (Year) — City or Municipality: Baybay, Province: Leyte
25. This Certificate is Prepared by:
Signature:
Name in Print: EUFROCINIA A. GERALDO
Title or Position: Registrar Clerk
Date: 5/11/65

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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

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