Municipal Form No. 102 (Revised, January 1960) (To be accomplished in quadruplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

22
65

Province: Bohol
City or Municipality: Talibon

Register Number:
(a) Civil Registrar-General No. ....
(b) Local Civil Registrar No. 272

1. PLACE OF BIRTH
a. Province: Bohol
b. City or Municipality: Talibon
c. Name of Hospital or Institution (If not in hospital, give street address): San Francisco, Talibon, Bohol
d. Is Place of Birth Inside City Limits? Yes ☐ No ✓

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Bohol
b. City or Municipality: Talibon
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: Dahlia Middle: Ilaya Last: Rada
4. Sex: F
5a. This Birth: Single ✓ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month 6 Day 27 Year 1969

FATHER
7. Name: First: Andres Middle: Last: Rada
Religion:
8. Nationality: F
8a. Race: B
9. Age (At time of this birth): 41 Years
10. Birthplace: San Francisco, Talibon, Bohol
11a. Usual Occupation: Agriculturist
11b. Kind of Business or Industry:

MOTHER
12. Maiden Name: First: Eulogia Middle: Last: Ilaya
Religion: "
13. Nationality: F
13a. Race: B
14. Age (At time of this birth): 25 Years
15. Birthplace: San Francisco, Talibon, Bohol
16. Previous Deliveries to Mother (Do not include this birth)
a. How many children are now living? 1
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead any time after conception)? 0

17. Informant's Signature:
b. Name in Print:
c. Address:

18. Mother's Mailing Address (Number, Street, City or Municipality, Province): San Francisco, Talibon, Bohol

19. ATTENDANT AT BIRTH
I hereby certify that I attended the birth of this child who was born alive at .... o'clock .... M. on the date above indicated.
a. Signature:
b. Name in Print:
c. Address:
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: ☐ M. D. ☐ Midwife ☐ Nurse ☐ Others (Specify) Adelaida Antiola

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. Signature:
b. Name in Print: Daniel Aytona
c. Title or Position: Asst. Local Civil Reg.
d. Date:

21. a. Given Name Added from Supplemental Report:
b. Date When Given Name was Supplied: 7-7-69

0250

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): (Year)

26. This Certificate is Prepared by:
Signature:
Name in Print:
Title or Position:
Date:

MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1.(a)
1.(b)
1.(c)
2.
2.(a)
4.
5.(a)
5.(b)
6.
8.
9.
11.(a)
11.(b)
13.
14.
15.(a)
16.(b)
16.(c)
19.(a)
22.(a)
22.(b)