



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
CITY/MUNICIPALITY Hilongos

LOCAL CIVIL REGISTRY NO. 91-1330

1. NAME (First) <u>AIZA</u> (Middle) <u>SAMBAYON</u> (Last) <u>CANALES</u>	2. SEX (Place 'X' on appropriate answer) 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (Day) <u>15</u> (Month) <u>October</u> (Year) <u>1991</u>
4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) <u>Barangay San Isidro, Hilongos, Leyte</u>	5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <u>X</u> 1 Single 2 Twin 3 Three or more	5b. IF MULTIPLE BIRTH, CHILD WAS <u>N/A</u> 1 First 2 Second 3 Third, 4th, etc.
6. MAIDEN (First) (Middle) (Last) NAME <u>ROSALIA VALLENTOS SAMBAYON</u>	7. NATIONALITY <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>
9. NAME (First) (Middle) (Last) <u>ANTONIO DUMAGUIT CANALES</u>	10. NATIONALITY <u>Filipino</u>	11. RELIGION <u>Roman Catholic</u>
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) Date: <u>September, 1965</u> Place: <u>Hilongos, Leyte</u>		
13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:00</u> o'clock a.m./p.m. on the date stated above.		

Signature _____
Name in print EUSTAQUIA LASCOTA
Title or position Untrained Midwife

Address Barangay San Isidro
Hilongos, Leyte
Date October 15, 1991

14. INFORMANT

Signature _____
Name in print ANTONIO D. CANALES
Relationship to child Father

Address Barangay San Isidro
Hilongos, Leyte
Date October 29, 1991

15a. PREPARED BY

Signature _____
Name in print MACIENITA M. SALVATIERRA
Title or position CIVIL REGISTRY CLERK
Date OCT 29 1991

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature ROGELIO F. SANCHEZ
Name in print TRAINING & DEVELOPMENT COORDINATOR
Title or position LOCAL CIVIL REGISTRAR
Date OCT 29 1991

15c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

2340

(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)

PROVINCE <u>Leyte</u>	LOCAL CIVIL REGISTRY NO. <u>9101330</u>	REGISTRATION STATUS <u>1</u>
CITY/MUNICIPALITY <u>Hilongos</u>		
17. Weight at Birth (in grams) <u>7,015</u>	18. Birth Order of Child Ex. first, second, etc. <u>11th</u>	
19a. Total Number of Children Born Alive <u>11</u>	19b. How many children are now living including this birth? <u>9</u>	19c. How many children were born alive but are now dead? <u>2</u>
20. Usual Occupation <u>Housewife</u>	21. Age at the time of this Birth <u>42</u>	
22. Usual Residence (Barangay) <u>Barangay San Isidro</u> (City/Municipality) <u>Hilongos</u> (Province) <u>Leyte</u>	23. Usual Occupation <u>Farmer</u>	24. Age at the time of this Birth <u>48</u>
25. Attendant of Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Midwife 5 Others <u>5</u>		
Sex <u>2</u>	Date of Birth <u>15/10/91</u>	Place of Birth <u>37192</u>
Mother's Nationality <u>1</u>	Father's Nationality <u>1</u>	
NAME OF CHILD First <u>AIZA</u> Last <u>CANALES</u>		

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BEST POSSIBLE IMAGE



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BReN

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Documentary
Stamp Tax Paid

CSM

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

