PHILIPPINE STATISTICS AUTHORITY PSA

Municipal Form No. 102-(Revised Dec. 1, 1958) (To Be Accomplished in Duplicate)

Republic of the Philippines

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately, legibly in ink or typewriter)

Register Number:

Province: Leyte

City or Municipality: Ormoc City

(a) Civil Registrar-General No. 1905-1/1114

(b) Local Civil Registrar No. 1905

1. Place of Birth a. Province: Leyte b. City or Municipality: Ormoc City c. Name of Hospital or Institution (If not in hospital give street address): Ormoc maternity House d. Is Place of Birth Inside City Limits? Yes [X] No [ ]	2. Usual Residence of Mother (Where does mother live?) 3738 a. Province: Leyte b. City or Municipality: Ormoc City 3738 c. Number and Street: Arradaza St. 0 d. Is residence inside City Limits? Yes [X] No [ ] e) Is Residence on a farm? Yes [ ] No [X] 0
3. Name (Type or print) First: GLENN Middle: GUBALANE Last: PAJARES 6. 07 4. Sex: M 5a. This Birth: Single [X] Twin [ ] Triplet [ ] 5b If twin or triplet, was Child: 1st [ ] 2nd [ ] 3rd [ ] Date of Birth: July 30, 1979 30	
Father 7. Name First: Edgardo Middle: Villa Last: Pajares 8. Religion: RC 9. Nationality: Fil. 9a. Race: Brown 29 10. Age (At time of this birth): 29 Years 11. Birthplace: Bato, Leyte 11a. Usual Occupation: Engineer 11b. Kind of Business or Industry: Biophil 1	
Mother 12. Maiden Name First: Floridaliza Middle: Arbol Last: Gubalane 13. Religion: RC 13a. Nationality: Fil. 13b. Race: Brown 29 14. Age (At time of this birth): 24 Years 15. Birthplace: San Isidro, San Francisco, Camotes 16. Previous Deliveries to Mother (Do not include this birth): 0 029	
17a. Informant's Signature: Edgardo Pajares b. Name in Print: EDGARDO PAJARES c. Address: Arradaza St, Ormoc City	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 (refuses born dead any time after conception) 0
18. Mother's Mailing Address: (Number, street, City or Municipality, Province) Arradaza St., Ormoc City	
19. ATTENDANT AT BIRTH I HEREBY CERTIFY that I attended the birth of this child who was born alive at 7:40 A.M. on the date above indicated. a. Signature: b. Name in Print: ALICIA R. TUJONGO, M.D. c. Address: ORMOC MATERNITY HOUSE	d. Date Signed by Attendant at Birth: e. Title of Attendant at Birth [X] M.D. [ ] Midwife [ ] Nurse [ ] Others (Specify)
20. Received in the office of the Local Civil Registrar By: a. Signature: b. Name in Print: c. Title or Position: d. Date: 5-7-79	21. a Given Name Added From Supplemental Report: 06 b. Date When Given Name was Supplied
22a. Length of Pregnancy: 40 Completed Weeks. 22b. Weight at Birth: 6 lbs. 8 oz.	23. Legitimate: [X] Yes [ ] No
24. Date and Place of Marriage of Parents June (Month) 3 (Date) 1977 (Year) City or Municipality Bato Prov. Leyte	25. This Certificate is Prepared by: Signature: Name in Print: Lydia F. Limosnero Title or Position: RN Date: 8-2-79

(SPACE FOR MEDICAL AND HEALTH FILES FOR SPECIAL PURPOSES)

0540

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BReN
03738-A79NW02-3

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