NATIONAL STATISTICS OFFICE

Municipal Form No. 102
(Rev. 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 Ilocos Sur — LOCAL CIVIL REGISTRY NO. 90-454

CITY MUNICIPALITY [illegible]

1. NAME (First) [illegible] (Middle) [illegible] (Last) [illegible]

2. SEX (Place "X" an appropriate answer) X 1 Male 2 Female

3. DATE OF BIRTH (Day) 1 (Month) [illegible] (Year) [illegible]

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) [illegible] (City/Municipality) Isabel (Province) Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third 4th etc

Father / Mother

6. MAIDEN NAME (First) [illegible] (Middle) [illegible] (Last) Hamado

7. NATIONALITY [illegible] — 8. RELIGION [illegible]

9. NAME (First) [illegible] (Middle) [illegible] (Last) [illegible]

10. NATIONALITY [illegible] — 11. RELIGION Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, Fill Affidavit of Acknowledgment at the back) [illegible]

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at [illegible] *o'clock a.m./p.m. on the date stated above.*

Signature [signature] — Address [illegible]
Name in print [illegible] — Title or position [illegible] — Date 7-12-90

14. INFORMANT

Signature [signature] — Address [illegible]
Name in print [illegible] — Relationship to child Father — Date 7-12-90

15a. PREPARED BY

Signature [signature]
Name in print [illegible]
Title or position [illegible]
Date 7-12-90

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [signature]
Name in print [illegible]
Title or position [illegible]
Date 7-13-90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

3990

(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)

Local Civil Registry No. [illegible] 9 — Registration Status [illegible] 15

PROVINCE [illegible]
CITY/MUNICIPALITY [illegible]

Child

17. Weight at Birth (In grams) [illegible] 16

18. Birth Order of Child Ex. first, second, etc. 2nd 20

Mother

19a. Total Number of Children Born Alive 2 22

b. How many children are now living including this birth? 2 24

c. How many children were born alive but are now dead? [illegible] 28

20. Usual Occupation [illegible] 26

21. Age at the time of this Birth 21 31

22. Usual Residence (Barangay) [illegible] (City/Municipality) [illegible] (Province) [illegible] 33

Father

23. Usual Occupation [illegible] 39

24. Age at the time of this Birth 30 41

25. Attendant of Birth (Place 'X' an appropriate answer) 1 Physician 2 Nurse X 3 Midwife 4 Hilot 5 Others 43

RESERVE FOR BINDING

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
[illegible] 44	[illegible] 45	[illegible] 51	[illegible] 56	[illegible] 57

A NAME OF CHILD

First	M.I.	Last
[illegible] 59	[illegible] 70	[illegible] 71

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BEST POSSIBLE IMAGE

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BReN
[03722-A90N103-2]

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

CERTIFIED PHOTOCOPY OF THE ORIGINAL

TERESITA L. QUIÑANOLA
[illegible] ADMINISTRATIVE OFFICER