

MUNICIPAL Form No. 101 (Revised July, 1955)

CERTIFICATE OF LIVE BIRTH

(To be accomplished in Duplicate)

Registrar Number:

Civil Registrar General No. 775(b) Local Civil Registrar No. 775
 Province Leyte
 City or Municipality Baybay

1. PLACE OF BIRTH a. PROVINCE <u>Leyte</u>	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. PROVINCE <u>Leyte</u>
b. CITY, TOWN, OR LOCATION <u>Baybay, So. Alim</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If in hospital, give street address) <u>So. Alim, Baybay, Leyte</u>	d. DATE AND PLACE OF MARRIAGE (for legitimate birth) <u>Dec. 17, 1947 - Baybay</u>
e. IN RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒	f. IN RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME (Type or print) First <u>Pedro</u> Middle <u>Alquino</u> Last <u>Olloran</u>	6. DATE OF BIRTH - Month Day Year <u>May 4, 1957</u>
4. SEX <u>Male</u> 5a. THIS BIRTH Single ☒ Twin ☐ Triplet ☐	5b. IF TWIN OR TRIPLET, Was (CHILD) 1st ☐ 2d ☐ 3rd ☐
7. NAME First <u>Marcelino</u> Middle <u>Villalino</u> Last <u>Alquino</u>	8. NATIONALITY <u>Filipino</u> 8a. RACE <u>Brown</u>
9. AGE (At time of this birth) <u>30</u> Years	10. BIRTHPLACE <u>Baybay, Leyte</u>
11. USUAL OCCUPATION <u>Farmer</u>	12. KIND OF BUSINESS OR INDUSTRY
12. MAIDEN NAME First <u>Antonia</u> Middle <u>Bobat</u> Last <u>Olloran</u>	13. NATIONALITY <u>Filipino</u> 13a. RACE <u>Brown</u>
14. AGE (At time of this birth) <u>27</u> Years	15. BIRTHPLACE <u>Baybay, Leyte</u>
16. PREVIOUS DELIVERIES TO MOTHER (Do Not include this birth) a. How many other children are now living? <u>4</u>	b. How many other children were born dead at any time after conception? <u>None</u>
c. How many fetal deaths (fetuses born dead at any time after conception)? <u>None</u>	

17. INFORMANT'S SIGNATURE a. NAME IN PRINT <u>Marcelino Villalino</u>	b. ADDRESS <u>So. Alim, Baybay</u>
18. MOTHER'S MAILING ADDRESS <u>So. Alim, Baybay</u>	19. ATTENDANT AT BIRTH N.D. ☐ Midwife ☒ OTHER (Specify)
20. SIGNATURE <u>Antonia Pilapil</u>	21. DATE SIGNED <u>May 29, 1957</u>
22. ADDRESS <u>So. Alim, Baybay</u>	23. DATE ON WHICH GIVEN NAME ADDED (Registered) By (Registrar)

19. DATE RECEIVED BY LOCAL CIVIL REGISTRAR <u>May 29, 1957</u>	20. REGISTRAR'S SIGNATURE a. NAME IN PRINT <u>ANTONIO RIVERA</u> b. POSITION <u>Local Civil Registrar</u>
FOR MEDICAL AND HEALTH USE ONLY (This section must be filled out)	
21a. LENGTH OF PREGNANCY (COMPLETED WEEKS)	21b. WEIGHT AT BIRTH
22. LENGTH OF PREGNANCY (COMPLETED WEEKS)	23. LENGTH OF PREGNANCY (COMPLETED WEEKS)

4. (Space for addition of Medical and Health Items for special purposes)

The notification of birth must be given or the certificate be sent to the Local Civil Registrar of the city, municipality or municipal district where the child was born within 30 days from the date of birth. Failure to do so is punishable by a fine of not less than P10 nor more than P200. (Act 3753, sections 3 and 17.)

TO BE FILLED ACCURATELY

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