

Municipal Form No. 102

Province LeyteCity or Municipality Baybay

(a) Civil Registrar General No.

(b) Local Civil Registrar No. 366

1. Place of Birth

a. Province Leyteb. City or Municipality Baybay

c. Name of Hospital or Institution

Higulo-an, Baybay, Leyte

d. Is place of Birth Inside City Limit?

Yes ()

No (x)

2. Usual Residence of Mother (Where does mother live?)

a. Province Leyteb. City or Municipality Baybay

c. Number and street

Higulo-an, Baybay, Leyte

d. Is Residence Inside City? Is Residence on a Farm?

Yes ()

No (x)

Yes (x)

No ()

3. Name (Type or Print) FirstMiddleLastVIRGILIOEMER GAJERICASILO4. Sex Male 5a. This Birth

Single () Twin () Triplet ()

b. If Twin or Triplet, was child

1st () 2nd () 3rd ()

c. Date of Birth

Month 24 day 24 Year 19627. Name First Middle LastVicente Loce Asilo8. Nationality Philippine9a. Race Brown9. Age (at time of birth) Year 4410. Birthplace Tubigan, Bohol12. Maiden Name First Middle LastZosima Vitalla GajericReligion Rom. Cath.13. Nationality Philippine13a. Race Brown14. Age (at time of this birth) Year 3315. Birthplace Cabasa, Baybay, Leyte

16. Previous Deliveries (Do not include this birth)

17a. Informant's Signature

b. Name in Print Vicente Asiloc. Address Higulo-an, Baybay, Leyte

a. How many children

are now living? 3

b. How many other

children were born

active but now dead

None

c. How many fetal

deaths/fetuses born

dead any time after

conception None

18. Mother's Mailing Address (Number, Street, City or Municipality, Province)

Bo. Higulo-an Baybay, Leyte

19. I HEREBY CERTIFY that I attended the birth of this child who was born

alive at 10:00 o'clock P on the date above indicated.

a. Signature

b. Name in Print Fausta Pauloc. Address Villa, Baybay, Leyte

d. Date Signed by Attendant at Birth:

e. Title of Attendant at Birth:

() M.D.

() Nurse

() Midwife

() Others (Specify)

21. a. Given Name added from supp. report

b. Date When Given Name was supplied:

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. Signature

b. Name in Print FLORENTO GUYNOc. Title or Position Actg. Local Civil Registrar

22a. Length of Pregnancy:

Completed Weeks

17

22b. Weight at Birth:

Lbs. 10 Oz. 10

23. Legitimate:

() Yes 1400 () No

24. Date and Place of Marriage of Parents (For legitimate birth)

MONTH March DAY 17 YEAR 1957City or Municipality Baybay Province Leyte

25. THIS CERTIFICATE IS PREPARED BY:

Signature:

Name in Print:

Title or Position:

Alfio P. MacaristaClerk RegistrarMarch 19, 1962

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BEST POSSIBLE IMAGE

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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

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