MUNICIPAL FORM No. 102—(Revised Dec. 1, 1953) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: Leyte
City or Municipality: Mahaplag

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 324

1. PLACE OF BIRTH
a. Province: Leyte
b. City or Municipality: Mahaplag
c. Name of Hospital or Institution (If not in hospital, give street address):
d. Is Place of Birth Inside City Limits? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte
b. City or Municipality: Mahaplag
c. Number and Street: Poblacion
d. Is Residence Inside City Limits? Yes ☐ No ☒
e. Is Residence on a Farm? Yes ☒ No ☐

CHILD

3. Name (Type or print): First: GAY Middle: RETANA Last: SERATO
4. Sex: Fe
5a. Type Birth: Single ☒ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month July Day 6 Year 1964

FATHER

7. Name: First: Estrito Middle: Katigbena Last: Serato
Religion: Protestant
8. Nationality: Fil.
8a. Race: Brown
9. Age (At time of this birth) Years: 27
10. Birthplace: Cabanga, Leyte
11a. Usual Occupation: Minister
11b. Kind of Business or Industry: none

MOTHER

12. Maiden Name: First: Angelita Middle: Retana
Religion: Protestant
13. Nationality: Fil.
13a. Race: Brown
14. Age (At time of this birth) Years: 27
15. Birthplace: Mahaplag, Leyte
16. Previous Deliveries to Mother (Do not include this birth): 1
a. How many children are now living? 2
b. How many other children were born alive but are now dead? none
c. How many fetal deaths (fetuses born dead any time after conception)? none

17a. Informant's Signature: Andres R. Serato
b. Name in Print: Andres R. SERATO
c. Address: Mahaplag, Leyte

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

19. ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born alive at ____ o'clock ____ M. on the date above indicated.
a. Signature:
b. Name in Print:
c. Address:
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth:
☐ M. D. ☐ Midwife ☒ Hilot
☐ Nurse ☐ Others (Specify)

20. Received in the Office of the Local Civil Registrar by:
a. Signature: PANFILO M. FERNANDEZ
b. Name in Print:
c. Title or Position: Local Civil Registrar
d. Date: Aug. 2, 1974

21. a. Given Name Added from Supplemental Report:
b. Date When Given Name was Supplied: 2540

22a. Length of Pregnancy: ____ Completed Weeks.
22b. Weight at Birth: ____ Lbs. ____ Oz.
23. Legitimate: ☒ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): March 5 1961
(Month) Mahaplag (Date) Leyte (Year)
City or Municipality ____ Province ____

25. This Certificate is Prepared by:
Signature:
Name in Print:
Title or Position:
Date:

15—219 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING