



Municipal Form No. 102
(Revised 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 Leyte LOCAL CIVIL REGISTRY NO. 92-2616
CITY/MUNICIPALITY Baybay

1. NAME (First) (Middle) (Last) <u>Genevive</u> <u>Alburo</u> <u>Villamor</u>		
2. SEX (Place 'X' on appropriate answer) <u>1</u> Male <u>X</u> Female		3. DATE OF BIRTH (Day) (Month) (Year) <u>19</u> <u>November</u> , <u>1992</u>
4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) <u>Eastern Leyte Prov. Hospital, Baybay, Leyte</u>		
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Three or more		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Third, 4th, etc.
6. MAIDEN NAME (First) (Middle) (Last) <u>Maricel T. Alburo</u>		7. NATIONALITY <u>Phil.</u>
8. RELIGION <u>RC</u>		
9. NAME (First) (Middle) (Last) <u>Robenezer A. Villamor</u>		10. NATIONALITY <u>Phil.</u>
11. RELIGION <u>RC</u>		
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back) Date <u>October 17, 1982</u> Place <u>Davao Oriental</u>		
13. CERTIFICATE OF ATTENDANT OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:00</u> o'clock a.m./p.m. on the date stated above. Signature <u>[Signature]</u> Address <u>Baybay, Leyte</u> Name in print <u>Edison T. Aradana, M.D.</u> Date <u>11/19/92</u> Title or position <u>Assistant Physician</u>		
14. INFORMANT Signature <u>[Signature]</u> Address <u>Baybay, Leyte</u> Name in print <u>Robenezer Villamor</u> Relationship to child <u>Father</u> Date <u>11/19/92</u>		
15a. PREPARED BY Signature <u>[Signature]</u> Name in print <u>Donna D. Davila</u> Title or position <u>Medical Attendant</u> Date <u>11/19/92</u>		
b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>[Signature]</u> Name in print <u>Edison T. Aradana</u> Title or position <u>Assistant Physician</u> Date <u>NOV 24 1992</u>		
15a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT		
b. DATE WHEN INFORMATION WAS SUPPLIED		

(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)

PROVINCE Leyte Local Civil Registry 9202616 Registration Status 1
CITY/MUNICIPALITY Baybay 8 15

17. Weight of Birth (In grams) <u>2700</u>		18. Birth Order of Child Ex. first, second, etc. <u>3</u>	
19a. Total Number of Children Born Alive <u>23</u>		b. How many children are now living including this birth? <u>23</u>	
c. How many children were born alive but are now dead? <u>0</u>			
20. Usual Occupation <u>Housewife</u>		21. Age at the time of this birth <u>28</u>	
22. Usual Residence <u>Barangay</u> (City/Municipality) (Province) <u>37085</u>			
23. Usual Occupation <u>619</u>		24. Age at the time of this birth <u>42</u>	
25. Attendant of Birth (Place 'X' on appropriate answer) <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot <u>5</u> Others <u>1</u>			
Sex <u>2</u>	Date of Birth <u>191192</u>	Place of Birth <u>37085</u>	Mother's Nationality <u>1</u>
Father's Nationality <u>1</u>			
NAME OF CHILD First M.I. Last <u>GENEVIVE</u> <u>A.</u> <u>VILLAMOR</u>			

RESERVE FOR BINDING

07216-9C-402AGG-00397-BI001

BEST POSSIBLE IMAGE



T402072164020039710042019001

TN000392262

BReN
03708-A92XK02-3

Documentary
Stamp Tax Paid

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

