Municipal Form No. 1 (Revised Dec. 1, 1955) (To Be Accomplished In Duplicate)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(Fill Out Completely, Accurately, Legibly In Ink or Typewriter)

LC

Province: Davao

City or Municipality: Asuncion

Register Number: (a) Civil Registrar General No. (b) Local Civil Registrar No. 9913

CHILD

1. Place of Birth
   a. Province: Davao
   b. City or Municipality: Asuncion
   c. Name of Hospital or Institution (If not in hospital, give street address): Home Delivery
   d. Is Place of Birth Inside City Limits? Yes ( ) No (X)

2. Usual Residence of Mother (Where does mother live?)
   a. Province: Davao
   b. City or Municipality: Asuncion
   c. Number and Street: Sawata
   d. Is Residence Inside City Limits? Yes ( ) No (X)
   e. Is Residence on a Farm? Yes (X) No ( )

3. Name (Type or print): First: TRIPONIO Middle: Orosio Last: SOLARTE, Jr.

4. Sex: M

5a. This Birth: Single (X) Twin ( ) Triplet ( )

5b. If Twin or Triplet, was Child: 1st ( ) 2nd ( ) 3rd ( )

6. Date of Birth: Month Nov. Day 18 Year 1975

MOTHER

7. Name: First: Triponio Middle: Solarte, S. Last:

8. Religion: R.C.

9. Nationality: fil

10. Race: brown

11. Age (At time of this birth): 37 Years old

12. Birthplace: Gulayon, Dipolog City

13a. Usual Occupation: farmer

13b. Kind of Business or Industry: farm

14. Maiden Name: First: Sonia Middle: Orosio Last:

15. Religion: R.C.

16. Nationality: fil

17. Race: brown

18. Age (At time of this birth): 25 Years old

19. Birthplace: Ormoc, Leyte

20. Previous Deliveries to Mother (Do not include this birth): 0

21. Informant's Signature:
    b. Name in Print: TRIPONIO SOLARTE, SR.
    c. Address: Sawata, Asun. Dvo.

22a. How many children are now living? 0

22b. How many other children were born alive but are now dead? 0

22c. How many fetal deaths (fetuses born dead any time after conception)? 0

23. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Sawata, Asuncion, Davao

ATTENDANT AT BIRTH

24. I hereby certify that I attended the birth of this child who was born alive at 3:00 o'clock P.M. on the date above indicated.
    a. Signature:
    b. Name in Print:
    c. Address: Sawata, Asun. Dvo.

25. d. Date Signed by Attendant at Birth:
    e. Title of Attendant at Birth:
    ( ) M.D. ( ) Midwife
    ( ) Nurse (X) Others (Specify) hilot

26. Received in the Office of the Local Civil Registrar by:
    a. Signature:
    b. Name in Print:
    c. Title or Position:
    d. Date:

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

28a. Length of Pregnancy: Completed Weeks

28b. Weight at Birth: Lbs. Oz.

29. Legitimate: (X) Yes ( ) No

30. Date and Place of Marriage of Parents (If legitimate birth): (Month) Dec. (Date) 15 (Year) 1974
    City or Municipality: Asuncion Province: Davao

31. This Certificate is Prepared by:
    Signature:
    Name in Print: FELICIANO M. PEÑALES
    Title or Position: Land Tax Clerk
    Date:

(Space for Medical and Health Items for Special Purposes)

3770

IMPORTANT: Do not detach. Local Civil Registrar must accomplish this portion.

RESERVE FOR BINDING

02600-9B-700DAD-00743-BI002

BEST POSSIBLE IMAGE

T70002600700007430213200700 2

BReN
02301-A75WJ02-7

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

ED600335588