MUNICIPAL FORM NO. 102 – (Revised Dec. 1, 1958).

REPUBLIC OF THE PHILIPPINES (TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Province: BOHOL

City or Municipality CARMEN

Register Number:
(a) Civil Registrar General No.
(b) Local Civil Registrar No. 998

1. PLACE OF BIRTH
a. Province: CARMEN
b. City or Municipality: BOHOL
c. NAME OF HOSPITAL OR INSTITUTION (If not a 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: BOHOL 12120
b. City or Municipality: CARMEN 12120
b. NUMBER AND STREET: BUENAVISTA 2
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☑
e. IS RESIDENCE ON A FARM? Yes ☑ No ☐ 1

CHILD
3. NAME (Type or print): First RODERICK Middle MAR Last UNAJAN 11
4. SEX: M
5a. THIS BIRTH: Single ☑ Twin ☐ Triplet ☐
5b. IS TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month [illegible] Day 10 Year 81

FATHER
7. NAME: First ANDRES Middle AUGIS Last UNAJAN
8. AGE (At time of this birth): Years 42
9. BIRTHPLACE: CARMEN, BOHOL
10. RELIGION: R.C.
11. NATIONALITY: FIL.
12. RACE: 81
11a. USUAL OCCUPATION: FARMING
11b. KIND OF BUSINESS OR INDUSTRY: 1

MOTHER
13. MAIDEN NAME: First DIOSCORA Middle BUTIALON Last MAR
14. AGE (At time of this birth): Years 28
15. BIRTHPLACE: BUENAVISTA, CARMEN, BOHOL
16. RELIGION: R.C.
17. NATIONALITY: FIL.
18. RACE: 82
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 6 Cely

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:
a. How many children are now living? 6
b. How many other children were born alive but are now dead? 0
c. How many fet. deaths before born dead some time after conception: 0 1
17f. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) 78

ATTENDANT OF BIRTH
18. I HEREBY CERTIFY that I attended the birth of this child who was born alive at [illegible] on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:
d. DATE SIGNED BY ATTENDANT OF BIRTH: 7
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Nurse ☑ Midwife ☐ Others (Specify) 2

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT:
c. TITLE OR POSITION:
d. DATE:
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21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 31

22. LENGTH OF PREGNANCY: Completed weeks 06
23. WEIGHT AT BIRTH: lbs. 7 5 Oz.
24. LEGITIMATE: ☑ Yes ☐ No 1
25. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): (Month) JAN. (Date) 29 (Year) 1970 City or Municipality CARMEN Province BOHOL

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT:
TITLE OF POSITION:
DATE:

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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RESERVE FOR BINDING