Municipal Form No. 102—(Revised Dec. 1, 1938)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte

City or Municipality: Baybay

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 657

CHILD

1. PLACE OF BIRTH
a. Province: Leyte
b. City or Municipality: Baybay
c. Name of Hospital or Institution (If not in hospital, give street address): Bo. Bunga, Baybay, Leyte
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: Baybay
c. Number and Street: Bo. Bunga
d. Is Residence Inside City Limits? Yes ☐ No ☒
e. Is Residence on a Farm? Yes ☒ No ☐

3. NAME (Type or print): First MARIA LILIA Middle CASTIL Last PAHON
4. SEX: Female
5a. TWIN, TRIPLET, OR STILLBORN: Single ☒ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month April Day 25 Year 1967

FATHER

7. NAME: First Honorio Middle Tambeling Last Pahon
8. AGE (At time of this birth): Years 45
9. RELIGION: Rom. Cath.
10. BIRTHPLACE: Bo. Bunga, Baybay, Leyte
11. NATIONALITY: Filipino
11a. RACE: Brown
11b. USUAL OCCUPATION: Farming
11c. KIND OF BUSINESS OR INDUSTRY

MOTHER

12. MAIDEN NAME: First Rosa Middle Hipolito Last Castil
13. AGE (At time of this birth): Years 42
14. BIRTHPLACE: Pilar, Cebu
15. RELIGION: Rom. Cath.
16. NATIONALITY: Filipino
16a. RACE: Brown
17. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 11
a. How many children are now living? 10
b. How many other children were born alive but are now dead? 2
c. How many fetal deaths (fetus born dead and none after expulsion)? None

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT: ROSA C. PAHON
c. ADDRESS: Bo. Bunga, Baybay, Leyte
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province): Bo. Bunga, Baybay, Leyte

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 1400 o'clock P. M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT: Tarlong Calumba
c. ADDRESS: Bo. Bunga, Baybay, Leyte

ATTENDANT AT BIRTH
d. TIME FILED 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 ON:
a. SIGNATURE:
b. NAME IN PRINT: EUFROCINA A. BERALDO
c. TITLE OR POSITION: Registrar Clerk
d. DATE: 5/18/67

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 2110

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 births): Jan. (Month) (Date) 1965 (Year) City or Municipality: Baybay Province: Leyte

I CERTIFY that the entries in this certificate are correct.
SIGNATURE: Eufrocina A. Beraldo
NAME IN PRINT: EUFROCINA A. BERALDO
TITLE OR POSITION: Registrar Clerk
DATE: 5/18/67

(NOTE: FOLLOW INSTRUCTIONS AND INCLUDE ITEMS FOR SPECIAL PURPOSES)

IMPORTANT: DO NOT DETACH LOCAL COPY

RESERVE FOR BINDING