NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102—(Revised Dec. 1, 1968) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:

Province: Leyte — (a) Civil Registrar-General No. 3738

City or Municipality: Ormoc City — (b) Local Civil Registrar No. 3738

1. PLACE OF BIRTH

a. Province: Leyte

b. City or Municipality: Ormoc City

c. Name of Hospital or Institution (If not in hospital, give street address): Ormoc Materanity House

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: Ormoc City

c. Number and Street: Bo. Ipil, Ormoc

d. Is Residence Inside City Limits? Yes ☐ No ☒

e. Is Residence on a Farm? Yes ☐ No ☒

CHILD

3. Name (Type or print): First ROLAND — Middle QUELLADLO — Last TAN

4. Sex: M

5a. This Birth: Single ☒ Twin ☐ Triplet ☐

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

6. Date of Birth: Month August Day 28 Year 1977

FATHER

7. Name: First Rolando — Middle Espinosa — Last Tan

8. Religion: R.C.

9. Nationality: Fil.

9a. Race: Brown

10. Age (At time of this birth): Years 29

11. Birthplace: Baybay Leyte

11a. Usual Occupation: Employee

11b. Kind of Business or Industry: Govt

MOTHER

12. Maiden Name: First Magdalena — Middle Sabalino — Last Quelladlo

13. Religion: R.C.

13a. Nationality: Fil.

13b. Race: Brown

14. Age (At time of this birth): Years 21

15. Birthplace: Bo. Linao, Ormoc

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

a. How many children are now living? 1

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

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

17a. Informant's Signature:

b. Name in Print: MAGDALENA TAN

c. Address: Bo. Ipil, Ormoc

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Bo. Ipil, Ormoc

19. ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born alive at 4:15 o'clock P. M. on the date above indicated.

a. Signature:

b. Name in Print: TRINIDAD P. ALAMA

c. Address: Ormoc Maternity House

d. Date Signed by Attendant at Birth: 8-30-77

e. Title of Attendant at Birth: ☐ M. D. ☒ Midwife ☐ Nurse ☐ Others (Specify)

20. Received in the Office of the Local Civil Registrar by:

a. Signature:

b. Name in Print:

c. Title or Position:

d. Date:

21. a. Given Name Added from Supplemental Report?

b. Date When Given Name was Supplied:

22a. Length of Pregnancy: 40 Completed Weeks

22b. Weight at Birth: Kg. 3 Lbs. 1 Oz.

23. Legitimate: ☒ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): January (Month) 20 (Date) 1975 (Year) City or Municipality Albuera Province Leyte

25. This Certificate is Prepared at: Ormoc

Signature:

Name in Print: TRINIDAD P. ALAMA

Title or Position: R.M.

Date: AUGUST 30, 1977

26. (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR ENDING

1850

03042-23-402GRM-00240-BI007

BEST POSSIBLE IMAGE

BReN
03738-A77QU02-4

CARMELITA N. ERICTA