Municipal Form No. 102 — (Revised Dec. 1, 1958)

(TO ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number:

Province: ____________
City or Municipality: Davao City

(a) Civil Registrar-General No. ____________
(b) Local Civil Registrar No. 7341

1. PLACE OF BIRTH
a. Province:
b. City or Municipality: Davao City
c. Name of Hospital or Institution (If not in hospital, give street address): At Home; Bago Aplaya, Davao City
d. Is Place of Birth Inside City Limits? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province:
b. City or Municipality: Davao City
c. Number and Street: Bago Aplaya, Davao City
d. Is Residence Inside City Limits? Yes ☒ No ☐
e. Is Residence on a Farm? Yes ☒ No ☐

CHILD
3. Name (Type or print): First: NOEL Middle: [illegible] Last: PANTOJAN
4. Sex: M
5a. This Birth: Single ☒ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month: Aug. Day: 22, Year: 196[illegible]

FATHER
7. Name: First: [illegible] Middle: [illegible] Last: Pantojan
Religion: R. Catholic
8. Nationality: Filipino
8a. Race: Brown
9. Age (At time of this birth): Years: [illegible]
10. Birthplace: [illegible], Bohol
11a. Usual Occupation: Fisherman
11b. Kind of Business or Industry:

MOTHER
12. Maiden Name: First: [illegible] Middle: De la Serna Last: [illegible]
Religion: R. Catholic
13. Nationality: Filipino
13a. Race: Brown
14. Age (At time of this birth): Years: 32
15. Birthplace: Camotes, Cebu
16. Previous Deliveries to Mother (Do not include this birth): 6
a. How many children are now living? 5
b. How many other children were born alive but are now dead? 1
c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. Informant's Signature: Remedios B. Pantojan
b. Name in Print: Mrs. REMEDIOS B. PANTOJAN
c. Address: Bago Aplaya, Davao City

18. Mother's Mailing Address (Number, Street, City or Municipality, Province): Bago Aplaya, Davao City

19. ATTENDANT AT BIRTH
I hereby certify that I attended the birth of this child who was born alive at [illegible] o'clock [illegible] M. on the date above indicated.
a. Signature:
b. Name in Print:
c. Address:
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: ☐ M. D. ☐ Midwife ☐ Nurse ☐ Others (Specify) Hilot

20. Received in the Office of the Local Civil Registrar by:
a. Signature:
b. Name in Print: [illegible]
c. Title or Position: Asst. Local Civil Registrar
d. Date: Sept. 2[illegible], 196[illegible]

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

22a. Length of Pregnancy: Full term Completed Weeks.
22b. Weight at Birth: ____ Lbs. ____ Oz.
23. Legitimate: ☒ Yes ☐ No
2310

24. Date and Place of Marriage of Parents (For legitimate birth): December 15, 1949 (Month) (Date) (Year)
City or Municipality: Davao City Province:

25. This Certificate is Prepared by:
Signature: [illegible] Bonbuta
Name in Print: [illegible] Bonbuta
Title or Position: [illegible]
Date: 9-20-62

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

(RESERVE FOR BINDING)

Important: Do not detach. local civil registrar

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BEST POSSIBLE IMAGE

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BReN
[02402-A62QN0M-4]

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Lisa Grace S. Bersales
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National Statistician and Civil Registrar General
Philippine Statistics Authority