NATIONAL STATISTICS OFFICE NSO

MUNICIPAL FORM No. 102—(Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE)

83

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.* ____

City or Municipality: Baybay — *(b) Local Civil Registrar No.* 1378

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH, LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1(a). 1(b). 1(c). 2. 2(a). 4. 5(a). 5(b). 6. 8. 9. 11(a). 11(f). 12. 14. 16. 16(a). 16(b). 16(c). 19(e). 22(a). 22(b). 23.

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):
   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. Gabas, Baybay, Leyte
   d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
   e. IS RESIDENCE ON A FARM? YES ☒ NO ☐

CHILD

3. NAME (Type or print): First: JAIME — Middle: VILLANASA — Last: LATIAS
4. SEX: Male
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF BIRTH: Month Oct. Day 7, Year 1961

FATHER

7. NAME: First: DIOSDADO — Middle: PABLOKIS — Last: LATIAS
8. RELIGION: Rom.Cath. — 8. NATIONALITY: Filipino — 8a. RACE: Brown
9. AGE (At time of this birth): Years 22
10. BIRTHPLACE: Baybay, Leyte
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: None

MOTHER

12. MAIDEN NAME: First: LEONILA — Middle: DELOSANTOS — Last: VILLANASA
RELIGION: Rom.Cath. — 13. NATIONALITY: Filipino — 13a. RACE: Brown
14. AGE (At time of this birth): Years 19
15. BIRTHPLACE: Colon, Cebu ~~Baybay~~
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 1
   a. How many children are now living? 2
   b. How many other children were born alive but are now dead? None
   c. How many fetal deaths (fetuses born dead any time after conception)? None

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT: LEONILA VILLANASA
c. ADDRESS: Bo. Gabas, Bayabay, Leyte

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province): Bo. Gabas, Baybay, Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 12:00 o'clock A.M. on the date above indicated.

a. SIGNATURE:
b. NAME IN PRINT: BASILISA GOFREDO
c. ADDRESS: Bo. Gabas, Baybay, Leyte
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: FLORENCIO CUYNO
c. TITLE OR POSITION: Actg. Local Civil Registrar
d. DATE: October 25, 1961

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

22a. LENGTH OF PREGNANCY: ____ COMPLETED WEEKS.
22b. WEIGHT AT BIRTH: ____ LBS. ____ OZ.
23. LEGITIMATE: ☒ YES ☐ NO — 0350

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
May (Month) 16, (Date) 1958 (Year)
City or Municipality Baybay, Province Leyte

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: Alicia P. Macariola
NAME IN PRINT: ALICIA P. MACARIOLA
TITLE OR POSITION: Registrar Clerk
DATE: October 25, 1961

18—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)