



MUNICIPAL FORM No. 102—(Revised Dec. 1, 1958)

(TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

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. 219

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE	<u>LEYTE</u>	a. PROVINCE	<u>LEYTE</u>
b. CITY OR MUNICIPALITY	<u>BAYBAY</u>	b. CITY OR MUNICIPALITY	<u>BAYBAY</u>
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. NUMBER AND STREET	
<u>Bo. Cambungan</u>		<u>B. Cambungan</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?		e. IS RESIDENCE ON A FARM?	
YES ☐ NO ☒		YES ☐ NO ☒	
3. NAME (Type or print)			
First <u>GRACIO</u> Middle <u>BALLESTEROS</u> Last <u>SAUSA JR.</u>			
4. SEX	5a. THIS BIRTH	6. DATE OF BIRTH	
<u>Male</u>	SINGLE ☒ TWIN ☐ TRIPLET ☐	Month <u>Oct</u> Day <u>27</u> Year <u>1975</u>	
7. NAME		8. NATIONALITY	9a. RACE
First <u>Gregorio</u> Middle <u>Casta</u> Last <u>Sausa</u>		<u>Phil.</u>	<u>Brown</u>
9. AGE (At time of this birth)	10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
Years <u>43</u>	<u>Bo. Santiago, San Francisco</u>	<u>Farming</u>	
12. MAIDEN NAME		13. NATIONALITY	13a. RACE
First <u>Ana</u> Middle <u>Catorce</u> Last <u>Ballesteros</u>		<u>Phil.</u>	<u>Brown</u>
14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)	
Years <u>39</u>	<u>Bo. Marikinas, Baybay, Leyte</u>	<u>9</u>	
17a. INFORMANT'S SIGNATURE:		a. How many children are now living?	b. How many other children were born alive but are now dead?
b. NAME IN PRINT:		c. How many fetal deaths (fetuses born dead any time after conception)?	
c. ADDRESS:		<u>7</u>	<u>2</u>
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)			
<u>Bo. Cambungan, Baybay, Leyte</u>			
19. ATTENDANT AT BIRTH			
I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>10:00</u> o'clock <u>A.</u> M. on the date above indicated.		d. DATE SIGNED BY ATTENDANT AT BIRTH:	
a. SIGNATURE:		e. TITLE OF ATTENDANT AT BIRTH:	
b. NAME IN PRINT:		☐ M. D. ☐ MIDWIFE ☒ NURSE	
c. ADDRESS:		f. OTHERS (Specify)	
<u>Bo. Cambungan, Baybay, Leyte</u>		<u>Hilot</u>	
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE:		b. DATE WHEN GIVEN NAME WAS SUPPLIED:	
b. NAME IN PRINT:			
c. TITLE OR POSITION:			
d. DATE:			
22a. LENGTH OF PREGNANCY		22b. WEIGHT AT BIRTH	23. LEGITIMATE
<u>11/26/75</u>	<u>11/26/75</u>	LB. <u> </u> OZ. <u> </u>	☒ YES ☐ NO
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		25. THIS CERTIFICATE IS PREPARED BY:	
Date <u>Dec. 10 1974</u>		SIGNATURE:	
(Month) <u>Baybay</u> (Date) <u>Leyte</u>		NAME IN PRINT:	
City or Municipality <u>Baybay</u> Province <u>Leyte</u>		TITLE OR POSITION:	
		DATE:	

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

11/26/75

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BEST POSSIBLE IMAGE



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BReN

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Lisa Grace S. Bersales

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National Statistician and Civil Registrar General
Philippine Statistics Authority