Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

02-09-91 (9-4) LCO-91-410

PROVINCE Leyte — LOCAL CIVIL REGISTRY NO.

CITY MUNICIPALITY Merida

	NAME	(First)	(Middle)	(Last)
		SYRENE	VILLA	PEREZ

2. SEX (Place "X" an appropriate answer) 1 Male X 2 Female

3. DATE OF BIRTH (Day) 01 (Month) July (Year) 1991

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay) Libas (City/Municipality) Merida (Province) Leyte

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single 2 Twin 3 Three or more

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third 4th. etc.

Father / Mother

6. MAIDEN NAME	(First) ANGIE	(Middle) PETEROS	(Last) VILLA	7. NATIONALITY Filipino	8. RELIGION R. Catholic
9. NAME	(First) EDUARDO	(Middle) BAGUION	(Last) PEREZ	10. NATIONALITY Filipino	11. RELIGION R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not married, Fill Affidavit of Acknowledgment at the back) April 18, 1991 - Merida, Leyte

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 2:30 *o'clock a.m./p.m. on the date stated above.*

Signature _____ Address Pondaco, Libas, Merida, Leyte
Name in print VICENTA PETEROS Date July 4, 1991
Title or position Trained Midwife

14. INFORMANT

Signature _____ Address Pondaco, Libas, Merida, Leyte
Name in print VICENTA PETEROS Date July 4, 1991
Relationship to child Great Grandmother

15a. PREPARED BY

Signature _____
Name in print NORMA B. DENAIA
Title or position Rural Health Midwife
Date July 4, 1991

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature _____
Name in print [illegible]
Title or position Local Civil Registrar
Date 12-09-91

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED 3850

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar) Registration

04049-25-400KCR-00190-BI001
BEST POSSIBLE IMAGE

T4000404940000190020120110001

UG100431412

BReN
03736-A91P103-5

Documentary
Stamp Tax Paid

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

CERTIFIED PHOTOCOPY OF THE ORIGINAL

TERESITA L. QUIÑANOLA
ACTING ADMINISTRATIVE OFFICER