Municipal Form No. 102
(Revised 1993)

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

(To be accomplished in Triplicate)

PROVINCE: LEYTE
CITY / MUNICIPALITY: BATO
LOCAL CIVIL REGISTRY NO. 92-673

1. NAME: (First) CLINT (Middle) (Last) SARVIDA

2. SEX (Place 'X' on appropriate answer): XX 1 Male ____ 2 Female

DATE OF BIRTH: (Day) 7 (Month) AUGUST (Year) 1992

4. PLACE OF BIRTH: (Name of hospital/institution; if not in hospital, give street/barangay) DOLHO (City/Municipality) BATO (Province) LEYTE

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

5b. IF MULTIPLE BIRTH, CHILD WAS: ____ 1 First ____ 2 Second ____ 3 Third, 4th, etc.

6. MAIDEN NAME: (First) EDERLINA (Middle) (Last) CATALINO

7. NATIONALITY: FILIPINO

8. RELIGION: R.C.

9. NAME: (First) BERNARDITO (Middle) (Last) SARVIDA

10. NATIONALITY: FILIPINO

11. RELIGION: R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
Date SEPTEMBER 24, 1987, Bato, Leyte Place

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at ___ o'clock am/pm on the date stated above.
Signature: Natividad Tavera
Name in print: NATIVIDAD TAVERA
Title or position: HILOT
Address: BATO, LEYTE
Date: AUGUST 8, 1992

14. INFORMANT
Signature: Natividad Tavera
Name in print: NATIVIDAD TAVERA
Relationship to child: HILOT
Address: BATO, LEYTE
Date: AUGUST 8, 1992

15a. PREPARED BY
Signature: Felisa T. Layan
Name in print: FELISA T. LAYAN
Title or position: CIVIL REGISTRATION OFFICER
Date: AUGUST 8, 1992

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: Felisa T. Layan
Name in print: FELISA T. LAYAN
Title or position: Asst. CIVIL REGISTRATION OFFICER
Date: AUGUST 8, 1992

15a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED: 3370

(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)

Local Civil Registry: 8
Registration Status: 15

PROVINCE
CITY / MUNICIPALITY

RESERVE FOR BINDING

Child
17. Weight of Birth (In grams): 16
18. Birth Order of Child Ex. first, second, etc.: 20

Mother
19a. Total Number of Children Born Alive: 22
b. How many children are now living including this birth? 24
c. How many children were born alive but are now dead? 28
20. Usual Occupation: 26
21. Age at the time of this Birth: 31
22. Usual Residence: Barangay (City/Municipality) (Province) 33

Father
23. Usual Occupation: 39
24. Age at the time of this Birth: 41

25. Attendant of Birth (Place 'X' on appropriate answer): 43
____ 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot ____ 5 Others

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
44	45	51	56	57

NAME OF CHILD: First (60) M.I. (70) Last (71) CLINT SARVIDA

INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT
CHILD'S MIDDLE NAME: " CATALINO "
CHILD'S TYPE OF BIRTH: " SINGLE "

MS. EDITHA R. ORCILLA
Chief, Document Management Division

BReN
03707-A92Q703-6

Documentary
Stamp Tax Paid

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