NATIONAL STATISTICS OFFICE NSO

Registry No. (1) (Revised Dec. 1, 1955) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

# CERTIFICATE OF LIVE BIRTH

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

51
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Province: Leyte
City or Municipality: Baybay

Register Number:
(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 1123

| | |
|---|---|
| 1. PLACE OF BIRTH<br>a. PROVINCE: Leyte<br>b. CITY OR MUNICIPALITY: Baybay<br>c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Claro M. Recto St., Baybay<br>d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☒ No ☐ | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)<br>a. PROVINCE: Leyte<br>b. CITY OR MUNICIPALITY: Baybay<br>c. NUMBER AND STREET: Claro M. Recto St.<br>d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐<br>e. IS RESIDENCE ON A FARM? Yes ☐ No ☒ |

**CHILD**

8. NAME (Type or print): First RANIE Middle CORONIO Last OMEGA

| 4. SEX | 5a. THIS BIRTH | 5b. IF TWIN OR TRIPLET, WAS CHILD | 6. DATE OF BIRTH |
|---|---|---|---|
| Male | Single ☒ Twin ☐ Triplet ☐ | 1st ☐ 2nd ☐ 3rd ☐ | Month Sept. Day 21 Year 1972 |

**FATHER**

| 7. NAME | Religion | 8. Nationality | 8a. Race |
|---|---|---|---|
| First Cirilo Middle [illegible] Last Omega | Rom. Cath. | Filipino | Brown |

| 9. AGE (At time of this birth) Years | 10. BIRTHPLACE | 11a. USUAL OCCUPATION | 11b. KIND OF BUSINESS OR INDUSTRY |
|---|---|---|---|
| 45 | Claro M. Recto St. | Laborer | |

**MOTHER**

| 12. MAIDEN NAME | Religion | 13. Nationality | 13a. Race |
|---|---|---|---|
| First Speith Middle Angus Last Gorgonio | Rom. Cath. | Filipino | Brown |

| 14. AGE (At time of this birth) Years | 15. BIRTHPLACE | 16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) | | |
|---|---|---|---|---|
| | | a. How many children are now living? | b. How many other children were born alive but are now dead? | c. How many fetal deaths (fetuses born dead any time after conception)? |
| 31 | Camotes, Pure, Cebu | 1 | None | None |

17a. INFORMANT'S SIGNATURE: [signature]
b. NAME IN PRINT: [illegible]
c. ADDRESS: Claro M. Recto St., Baybay, Leyte

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) Claro M. Recto St., Baybay, Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 9:30 o'clock A.M. on the date above indicated.

a. SIGNATURE: [signature]
b. NAME IN PRINT: Gregorio Tigalo
c. ADDRESS: M. Lee Quezon St., Baybay, Leyte

d. DATE SIGNED BY ATTENDANT AT BIRTH:

e. TITLE OF ATTENDANT AT BIRTH: ☐ M. D. ☐ Nurse ☐ Midwife ☒ Others (Specify) Hilot

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: [signature]
b. NAME IN PRINT: EUFROCINA A. GERALDO
c. TITLE OR POSITION: Registrar Clerk
d. DATE: 10/3/72

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

| 22a. LENGTH OF PREGNANCY | 22b. WEIGHT AT BIRTH | 23. LEGITIMATE |
|---|---|---|
| _____ Completed Weeks. | _____ Lbs. _____ Oz. | ☒ Yes ☐ No |

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
April (Month) 18 (Date) 1960 (Year)
City or Municipality Camotes ; Province Cebu

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: [signature]
NAME IN PRINT: EUFROCINA A. GERALDO
TITLE OR POSITION: Registrar Clerk
DATE: 10/3/72

U—212 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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RESERVE FOR BINDING

05305-F4-402BBR-00122-BI001
BEST POSSIBLE IMAGE

T4020530540200122071120140001
UI000682915

BReN
[03708-A72SM01-3]

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

CERTIFIED PHOTOCOPY OF THE ORIGINAL
TERESITA L. QUIÑANOLA
SUPERVISING ADMINISTRATIVE OFFICER