MUNICIPAL FORM No. 102—(Rev. Dec. 1, 1938) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Bohol

City or Municipality: Loay

Register Number:
(a) Civil Registrar-General No. 179-K-81
(b) Local Civil Registrar No. .....

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. Province: Bohol
b. City or Municipality: Loay
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?) 1228 R
a. Province: Bohol 1228 R
b. City or Municipality: Loay
c. Number and Street: Calvario, Loay, Bohol 2
d. Is Residence Inside City Limits? Yes ☐ No ☐
e. Is Residence on a Farm? Yes ☐ No ☐ 2

CHILD

3. Name (Type or print): First EMELITA Middle APIT Last SACAREAL 10
4. Sex: F
5a. This Birth: Single ☐ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month Oct. Day 23 Year 1981 23

FATHER

7. Name: First Francisco Middle A. Last Sacareal
Religion: RC
8. Nationality: Filipino
8a. Race: Brown 81
9. Age (At time of this birth): 28 Years
10. Birthplace: Loay, Bohol
11a. Usual Occupation: Laborer
11b. Kind of Business or Industry: 1

MOTHER

12. Maiden Name: First Shirley Middle Ig Last Apit
Religion: RC
13. Nationality: Filipino
13a. Race: Brown 28
14. Age (At time of this birth): 25 Years
15. Birthplace: Loay, Bohol
16. Previous Deliveries to Mother (Do not include this birth): 999
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)? 1

17a. Informant's Signature:
b. Name in Print: MACIMA I. APIT 25
c. Address: Calvario, Loay, Bohol

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province)
Calvario, Loay, Bohol X

19. ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born alive at 7:00 o'clock A.M. on the date above indicated.
a. Signature: [signature]
b. Name in Print: [illegible]
c. Address: Loay, Bohol 2030

d. Date Signed by Attendant at Birth: X
e. Title of Attendant at Birth:
☐ M. D. ☐ Midwife
☐ Nurse ☐ Others (Specify) 3

20. Received in the Office of the Local Civil Registrar by:
a. Signature: [signature]
b. Name in Print: BRIGIDO A. PANDES
c. Title or Position: Local Civil Registrar
d. Date: Nov. 2, 1981

21. a. Given Name Added from Supplemental Report: 99
b. Date When Given Name was Supplied: 99

22a. Length of Pregnancy: ..... Completed Weeks.
22b. Weight at Birth: ..... Lbs. ..... Oz.
23. Legitimate: ☐ Yes ☐ No 1

24. Date and Place of Marriage of Parents (For legitimate birth)
October 2, 1976
(Month) (Date) (Year)
City or Municipality: Loay, Province: Bohol

25. This Certificate is Prepared by:
Signature: [signature]
Name in Print: ARTEMIO ABEJO
Title or Position:
Date: Nov. 2, 1981

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

2030

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority