



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: Bohol Register Number: _____
 City or Municipality: Jagna Civil Registrar-General No. _____
 Local Civil Registrar No. NO (C-82)

1. PLACE OF BIRTH a. Province <u>Bohol</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. Province <u>Bohol</u>	
b. City or Municipality <u>Jagna</u>		b. City or Municipality <u>Jagna</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>At home</u>		c. NUMBER AND STREET <u>Looc</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☒		d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒	
e. IS RESIDENCE ON A FARM? Yes ☒ No ☐		f. IS RESIDENCE ON A FARM? Yes ☒ No ☐	

3. NAME (Type or print) MARIA LOUELLA BATOY CUARTEROS

4. SEX F 5a. THIS BIRTH Single 5b. IS TWIN OR TRIPLE? WAS CHILD 1st ☐ 2nd ☐ 3rd ☐ 6. DATE OF BIRTH Mar 12 1983

7. NAME Nemesio Minguete Cuarteros 8. RELIGION Re. 9. NATIONALITY Phil. 10. RACE Brown

11. AGE (At time of this birth) 29 12. BIRTHPLACE Jagna, Bohol 13. USUAL OCCUPATION Tailor 14. KIND OF BUSINESS OR INDUSTRY _____

15. MAIDEN NAME Lucena Iyos Batoy 16. RELIGION Re. 17. NATIONALITY Phil. 18. RACE Brown

19. AGE (At time of this birth) 30 20. BIRTHPLACE Baslayan, Bohol 21. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 1

22. INFORMANT'S SIGNATURE: Obdulia Buhao 23. NAME IN PRINT: OBDULIA BUHAO 24. ADDRESS: RMU, Jagna, Bohol

25. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) Looc, Jagna, Bohol

26. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 4:30 o'clock A. M. on the date above indicated.

27. SIGNATURE: MICHELITA BANCIA 28. DATE SIGNED BY ATTENDANT OF BIRTH: 2

29. NAME IN PRINT: OBDULIA BUHAO 30. TITLE OF ATTENDANT AT BIRTH: M.D. ☒ Nurse ☐ Midwife ☐ Others (Specify) 2

31. RECEIVED IN THE OFFICE OF THE CIVIL REGISTRAR BY: JOSE S. ACEDES 32. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: 3

33. SIGNATURE: JOSE S. ACEDES 34. WHEN GIVEN NAME WAS SUPPLIED: 9/9

35. TITLE OR POSITION: Asst. Local Civil Reg.

36. DATE: 3/37/83

37. LENGTH OF PREGNANCY COMPLETED WEEKS 38. WEIGHT AT BIRTH 7.5 lbs. 39. LEGITIMATE Yes ☒ No ☐

40. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) April 19 1980 41. THIS CERTIFICATE IS PREPARED BY: IMES S. LINDO

42. SIGNATURE: IMES S. LINDO 43. NAME IN PRINT: IMES S. LINDO

44. TITLE OR POSITION: CLERK 45. DATE: 3/17/83

10-230 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

1600

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

