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)

Register Number:

Province: Leyte

City or Municipality: Baybay

(a) Civil Registrar-General No. ....

(b) Local Civil Registrar No. 3037

1. PLACE OF BIRTH
a. Province: Leyte
b. City or Municipality: Baybay
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): [illegible]
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER
a. Province: Leyte
b. City or Municipality: Baybay
c. NUMBER AND STREET: [illegible]
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒
e. IS RESIDENCE ON A FARM? Yes ☒ No ☐

CHILD
3. NAME (Type or print): First: [illegible] Middle: [illegible] Last: [illegible]
4. SEX: [illegible]
5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month [illegible] Day [illegible] Year [illegible]

FATHER
7. NAME: [illegible]
8. RELIGION: Rom. Cath.
9. NATIONALITY: [illegible]
10. RACE: [illegible]
11. AGE (At time of this birth): Years 22
12. BIRTHPLACE: Baybay, Leyte
13. USUAL OCCUPATION: [illegible]
14. KIND OF BUSINESS OR INDUSTRY:

MOTHER
15. MAIDEN NAME: First [illegible] Middle [illegible] Last [illegible]
16. RELIGION: Rom. Cath.
17. NATIONALITY: [illegible]
18. RACE: [illegible]
19. AGE (At time of this birth): Years 19
20. BIRTHPLACE: Baybay, Leyte
21. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)
a. How many other children are now living? —
b. How many other children were born alive but are now dead?
c. How many fetal deaths?

17a. INFORMANT SIGNATURE:
b. NAME IN PRINT: [illegible]
c. ADDRESS: Bo. [illegible], Baybay, Leyte

18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province): Bo. [illegible], Baybay, Leyte

19. ATTENDANT AT BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at [illegible] o'clock [illegible] on the date stated above.
a. SIGNATURE:
b. NAME IN PRINT: [illegible]
c. ADDRESS: Bo. [illegible], Baybay, Leyte
d. DATE SIGNED BY ATTENDANT OF BIRTH:
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify) [illegible]

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR
a. SIGNATURE:
b. NAME IN PRINT: [illegible]
c. TITLE OR POSITION: Local Civil Registrar
d. DATE: [illegible]

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22a. LENGTH OF PREGNANCY: COMPLETED WEEKS
22b. WEIGHT AT BIRTH: lbs. oz.
23. LEGITIMATE? Yes ☒ No ☐

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): October 4, 1970 (Month) (Date) (Year)
City or Municipality: Baybay Province: Leyte

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: [illegible]
TITLE OR POSITION: [illegible]
DATE: [illegible]

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

05798-33-402RHH-00221-BI037

BEST POSSIBLE IMAGE

T402057984020002211162015037

WJ400870315

BReN
[03708-A79YT01-0]

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Lisa Grace S. Bersales

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National Statistician and Civil Registrar General
Philippine Statistics Authority