Municipal Form No. 102—(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)

Province: Negros Oriental — Register Number: (a) Civil Registrar-General No.

City or Municipality: Dumaguete City — (b) Local Civil Registrar No. 747 (4-74)

1. PLACE OF BIRTH — a. Province: Negros Oriental	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) — a. Province: Negros Oriental
b. City or Municipality: Dumaguete City	b. City or Municipality: Zamboanguita
c. Name of Hospital or Institution (If not in hospital, give street): Silliman University Medical Center	c. Number and Street:
d. Is Place of Birth Inside City Limits? Yes [X] No [ ]	d. Is Residence Inside City Limits? Yes [ ] No [X]
	e. Is Residence on a Farm? Yes [ ] No [ ]

CHILD

3. Name (Type or print): First: HAZELL — Middle: BANGAY — Last: VILLA

4. Sex: Female — 5a. This Birth: Single [ ] Twin [X] Triplet [ ] — 5b. If Twin or Triplet, was Child: 1st [ ] 2nd [ ] 3rd [ ] — 6. Date of Birth: Month April Day 3 Year 1974

FATHER

7. Name: First: Florito — Middle: B. — Last: Villa — 8. Religion: R.C. — 8a. Nationality: Fil. — 8b. Race: Brown

9. Age (At time of this birth): Years — 10. Birthplace: 25 Sugod, Leyte — 11a. Usual Occupation: Physician — 11b. Kind of Business or Industry:

MOTHER

12. Maiden Name: First: Aida — Middle: T. — Last: Bangay — 13. Religion: R.C. — 13a. Nationality: Fil. — 13b. Race: Brown

14. Age (At time of this birth): Years: 21 — 15. Birthplace: Sugod, Leyte — 16. Previous Deliveries to Mother (Do not include this birth): 0

a. How many children are now living? 0 — b. How many other children were born alive but are now dead? 0 — c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. Informant's Signature: AIDA B. VILLA

b. Name in Print:

c. Address: Zamboanguita, Neg. Or.

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province): ditto

19. ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born alive at 5:30 o'clock A.M. on the date above indicated.

a. Signature: CARMEN V. CONSING, M.D.

b. Name in Print: SU-Medical Center

c. Address:

d. Date Signed by Attendant at Birth:

e. Title of Attendant at Birth: [ ] M. D. [ ] Midwife [ ] Nurse [ ] Others (Specify)

20. Received in the Office of the Local Civil Registrar by:

a. Signature: SIXTO B. JUNIOR

b. Name in Print:

c. Title or Position: Asst. Local Civil Reg.

d. Date: April 30, 1974

21. a. Given Name Appearing on Supplemental Report: 0160

b. Date When Given Name was Supplied:

22a. Length of Pregnancy: Completed Weeks

22b. Weight at Birth: 13 lbs. (or)

23. Twin, Triplet, etc.: [X]

24. Date and Place of Marriage of Parents (For legitimate birth): January 23, 1974 (Civil) (Month) (Date) (Year)

City or Municipality: Zamboanguita Province: Neg. Or.

25. This Certificate Prepared by:

Signature:

Name in Print: NOIME V. BACUSAY

Title or Position: Supervising Clerk

Date: April 30, 1974

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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RESERVE FOR BINDING