MUNICIPAL FORM NO. 102 – (Revised Dec. 1, 1951) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte
City or Municipality: Baybay

Register Number:
(a) Civil Registrar General No.
(b) Local Civil Registrar No. 291 (a-811)

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): Bo. Caridad
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte 37084
b. City or Municipality: Baybay 37084
c. NUMBER AND STREET: 3 Bo. Caridad, Baybay 3
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐
e. IS RESIDENCE ON A FARM? Yes ☐ No ☐ 1

CHILD
3. NAME (Type or print): First JOY Middle ABELARDO Last [illegible]
4. SEX: Male
5a. THIS BIRTH: Single ☐ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month Dec Day 20 Year 1983 20
7. RACE: Filipino 83
8. AGE (At time of this birth): Years 45
9. BIRTHPLACE: Bacacay, Albay
10a. USUAL OCCUPATION: Laborer
10b. KIND OF INDUSTRY OR BUSINESS: 1

MOTHER
11. MAIDEN NAME: First Esmeralda Middle Jadena Last Abelarde
12. RELIGION: Roman Catholic
13. NATIONALITY: Filipino
14. RACE: Bicol
15. AGE (At time of this birth): Years 36
16. BIRTHPLACE: Bo. Caridad, Baybay, Leyte
17. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 6 45
a. How many children are now living? 6
b. How many other children were born alive but are now dead?
c. How many fetal deaths (stillbirths) have occurred before this one? 999 1

17a. INFORMANT'S SIGNATURE:
a. NAME IN PRINT: JOAN NARISMA
b. ADDRESS
18. MOTHER'S MAILING ADDRESS (Street, Barrio or Sitio, Municipality, Province): Bo. Caridad, Baybay, Leyte 35

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 2:00 o'clock p.m. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT: QUAD
c. ADDRESS: Bo. Caridad, Baybay, Leyte
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT: SOLEDAD B. ROMERO
c. TITLE OR POSITION: Clerk
d. DATE: 1995 1/20/95

d. DATE SIGNED BY ATTENDANT OF BIRTH
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify) Hilot 7
21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: 7
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 4

22a. LENGTH OF PREGNANCY: ____ completed weeks 99
22b. WEIGHT AT BIRTH: ____ lbs. or ____ kilos
23. LEGITIMATE: Yes ☒ No ☐ 1

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): September 6 1965 (Month) (Date) (Year) Quezon City, Province Quezon 99
25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: SOLEDAD B. ROMERO
TITLE OF POSITION: Clerk
DATE 1/20/95 1

26—299 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) 2400

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BEST POSSIBLE IMAGE

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CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

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