PHILIPPINE STATISTICS AUTHORITY PSA

Municipal Form No. 102—(Revised Dec. 2, 1938) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Lo. Luzon

City or Municipality: Lt. Bernard

Register Number:
(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 556

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. PROVINCE: Lo. Luzon
b. CITY OR MUNICIPALITY: Lt. Bernard
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?)
a. PROVINCE: Lo. Luzon
b. CITY OR MUNICIPALITY: Lt. Bernard
c. NUMBER AND STREET: ~~Tabian~~ Cainoza
d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

CHILD
3. NAME (Type or print): First: Felina; Middle: ; Last: Cabañas
4. SEX: F
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF BIRTH: Month Jan, Day 16, Year 66

FATHER
7. NAME: First: Benito; Middle: ; Last: Cabañas
RELIGION: RC
8. NATIONALITY: Filipino
8a. RACE: B
9. AGE (At time of this birth) Years: 29
10. BIRTHPLACE: Atingan, Lt. Bernard
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER
12. MAIDEN NAME: First: Victoria; Middle: ; Last: Flores
RELIGION: RC
13. NATIONALITY: Filipino
13a. RACE: B
14. AGE (At time of this birth) Years: 28
15. BIRTHPLACE:
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 3
a. How many children are now living? 2
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:
b. NAME IN PRINT:
c. ADDRESS:

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

19. ATTENDANT AT BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:
d. DATE SIGNED BY ATTENDANT AT BIRTH:
e. TITLE OF ATTENDANT AT BIRTH:
☐ M. D. ☐ MIDWIFE ☐ NURSE ☐ OTHERS (Specify) Asst

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT:
c. TITLE OR POSITION:
d. DATE: 12/31/66

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

0550

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
(Month) (Date) (Year)
City or Municipality: Province:

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

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

08630-5F-999CBC-04348-BI001

BEST POSSIBLE IMAGE

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BReN
06412-A66XS01-8

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CDSM

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National Statistician and Civil Registrar General
Philippine Statistics Authority