(Municipal Form No. 102
(Revised 1983)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE
CITY/MUNICIPALITY Leyte
LOCAL CIVIL REGISTRY NO. 90 — 1146

1 NAME Baybay (First) (Middle) (Last)

2 SEX (Place 'X' on appropriate answer) 1 Male 2 Female LADY MAY

3 DATE OF BIRTH (Day) CAPUNO (Month) FAELNAR (Year)

4 PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) X (City/Municipality) YD. May Province 1990

5a TYPE OF BIRTH Dr. Palermo's Clinic

5b IF MULTIPLE BIRTH CHILD WAS Baybay, Leyte

1 Single 2 Twin 3 Triplet or more 1 First 2 Second 3 Third, 4th, etc.

Mother

6 MAIDEN NAME (First) (Middle) (Last) X

7 NATIONALITY

8 RELIGION

Father

9 NAME (First) Melianida (Middle) Capuno (Last)

10 NATIONALITY Filipino

11 RELIGION Rom. Cath.

12 DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, do not fill. Affidavit of acknowledgment at the back) Susano Yap Faelnar Jr. Filipino Rom. Cath.

13 CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at Sept. 1, 1985 at Visca Baybay, Leyte on the date stated above

Signature
Name in print
Title or position
Address 802 A.M.

14 INFORMANT DR. RIGINAO PALERMO
Signature
Name in print
Relationship to child Physician
Address C. Arellano St. Baybay, Leyte
Date 5-10-90

15a PREPARED BY MELLIEVIC TRANJIA
Signature Mellievic Tranjia
Name in print
Title or position
Date

GLORIA C. FERNANDEZ

b. RECEIVED BY: OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature
Name in print NOEL V. [illegible]
Title or position L.C.R.A.
Date 5-11-90

16a. INFORMATION GIVEN ON SEPARATE CERTIFICATE OF LIVE BIRTH b. DATE WHEN INFORMATION WAS SUPPLIED
5-11-90

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

2500

Local Civil Registry No. 90 1146 — Registration Status 15

PROVINCE
CITY/MUNICIPALITY Leyte

Child

17 Weight at Birth (In grams) Baybay 2948 16

18 Birth Order of Child Ex: first, second, etc. 03 3rd child 03

19a Total Number of Children Born Alive 03 22

b. How many children are now living including this birth 03 24

c. How many children were born alive but are now dead? 00 0

Mother

20 Usual Occupation 3 03 3

21 Age at the time of this Birth 0 31 35 yrs. old 35

22 Usual Residence (Barangay) 26 (City/Municipality) (Province)

Father

23 Usual Occupation Radio Operator

24 Age at the time of this Birth 36 yrs. old 36

25 Attendant at Birth (Place X in appropriate box) 1 Physician 2 Nurse 3 Midwife 4 Hilot 5 Others

04 2 VISCA 38 Baybay, 43

X

Sex	Date of Birth	Place of Birth	Mother's Nationality	Father's Nationality
2	090590	37085	1	1
44	46	51	56	57

2 05 1090 37085 NAME OF CHILD

First LADY MAY Last C. FAELNAR

68 70

LADY MAY C. FAELNAR

04043-3G-402NBT-00089-BI001

BEST POSSIBLE IMAGE

T4020404340200089012620110O1

UG200398086

BReN
03708-A90KA01-7

Documentary
Stamp Tax Paid

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