NATIONAL STATISTICS OFFICE NSO

Municipal Form No. 102—(Revised Dec. 1, 1950) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Zamboanga del Sur

City or Municipality: Margosatubig

Register Number:
(a) Civil Registrar-General No. 83
(b) Local Civil Registrar No. 390-(1971)

1. Place of Birth
a. Province: Zamboanga del Sur
b. City or Municipality: Margosatubig
c. Name of Hospital or Institution (If not in hospital, give street address): Margosatubig Emerg. Hospital
d. Is Place of Birth Inside City Limits? Yes ( ) No (X)

2. Usual Residence of Mother (Where does mother live?)
a. Province: Zamboanga del Sur 39
b. City or Municipality: Margosatubig 2
c. Number and Street: Siren 8
d. Is Residence Inside City Limits? Yes ( ) No (X)
Is Residence on a Farm? Yes ( ) No (X) 25

CHILD
3. Name (Type or print): First: Annie Middle: Andoy Last: Farnis 71
4. Sex: F
5a. This Birth: Single (X) Twin ( ) Triplet ( )
5b. If Twin or Triplet, was Child: 1st ( ) 2nd ( ) 3rd ( )
6. Date of Birth: Month 8 Day 25 Year 1971

FATHER
7. Name: First: Marciano Middle: Rocarte Last: Farnis
Religion: RC
8. Nationality: Fil.
8a. Race: Strong
9. Age (At time of this birth): 34 Years
10. Birthplace: Tudela, Cebu
11a. Usual Occupation:
11b. Kind of Business or Industry:

MOTHER
12. Maiden Name: First: Flaviana Middle: Lerejas Last: Andoy
Religion: RC
13. Nationality: Fil.
13a. Race: Visaya
14. Age (At time of this birth): 33 Years
15. Birthplace: Pilar, Cebu
16. Previous Deliveries to Mother (Do not include this birth)
a. How many children are now living? —
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)?

17a. Informant's Signature:
b. Name in Print: Marciano Farnis
c. Address: Margosatubig, Zambo. del Sur

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Margosatubig, Zamboanga del Sur

19. ATTENDANCE AT BIRTH
I Hereby Certify that I attended the birth of this child who was born alive at 5:13 o'clock — M. on the date above indicated.
a. Signature:
b. Name in Print: Dr. Rosita C. Galvan
c. Address: Margosatubig Emerg. Hospital
d. Date Signed by Attendance at Birth:
e. Title of Attendant at Birth: (X) M. D. ( ) Midwife ( ) Nurse ( ) Others (Specify)

20. Received in the Office of the Local Civil Registrar by:
a. Signature:
b. Name in Print: Leonso Antonio
c. Title or Position: Asst. Local Civil Regr.
d. Date:

21. a. Given Name Added from Supplemental Report:
b. Date When Given Name was Supplied:

22a. Lenght of Pregnancy: 10/14/71 — 48 Completed Weeks.
22b. Weight at Birth: 7 Lbs. 12 Oz.
23. Legitimate: (X) Yes ( ) No 10:10

24. Date and Place of Marriage of Parents (For legitimate birth)
May (Month) 26 (Date) 1954 (Year)
City or Municipality: Pilar Province: Cebu

25. This Certificate is Prepared by:
Signature:
Name in Print: [illegible]
Title or Position: Municipal Registry Clerk I
Date: August 26, 1971

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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RESERVE FOR BINDING