Form No. 102—(Revised Dec. 1, 1993) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

LCR No. _____

Register Number:
(a) Civil Registrar-General No. 932 (c-83)
(b) Local Civil Registrar No. 37086 / 37086

Province: Leyte
City or Municipality: Baybay

(Municipality or City) _____ (Province) _____

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. Sobong
d. Is Place of Birth Inside City Limits? Yes ( ) No (X)

2. Usual Residence of Mother (Where does mother live?)
a. Province: Leyte
b. City or Municipality: Baybay
c. Number and Street: Bo. Sobong 2
d. Is Residence Inside City Limits? Yes ( ) No (X)
e. Is Residence on a Farm? Yes (X) No ( ) 1

CHILD
3. Name (Type or print): First: ERIC Middle: BANAYAG Last: SOPA 05
4. Sex: Male
5a. This Birth: Single (/) Twin ( ) Triplet ( )
5b. If Twin or Triplet, was Child: 1st ( ) 2nd ( ) 3rd ( )
6. Date of Birth: Month May Day 2, Year 1983 02

FATHER
7. Name: First: Ireneo Middle: De Sepa Last: _____
8. Religion: Rom. Cath.
9. Nationality: Fil.
10. Race: Brown 83
11. Age (At time of this birth): Years 33
12. Birthplace: Baybay, Leyte
13a. Usual Occupation: Driver
13b. Kind of Business or Industry: 1

MOTHER
14. Maiden Name: First: Renate Middle: De Banayag Last: _____
15. Religion: Rom. Cath.
16. Nationality: Fil.
17. Race: Brown 33
18. Age (At time of this birth): Years 29
19. Birthplace: Baybay, Leyte
20. Previous Deliveries to Mother (Do not include this birth): 2 985
a. How many children are now living? 1
b. How many other children were born alive but are now dead? 1
c. How many fetal deaths, stillbirths (born dead any time after conception)? _____

17a. Informant's Signature: _____
b. Name in print: IRENEO SOPA
c. Address: Bo. Sobong, Baybay

18. Mother's Mailing (Address: Number, Street, City or Municipality, Province): Bo. Sobong, Baybay, Leyte 29

19. ATTENDANT AT BIRTH
I Hereby Certify that I attended the birth of this child who was born alive at 10:30 o'clock A.M. on the date above indicated.
a. Signature: _____
b. Name in Print: HORENDA KIZ ALAO
c. Address: Bo. Sobong, Baybay
d. Date Signed by Attendant at Birth: 30
e. Title of Attendant at Birth: ( ) M. D. ( ) Midwife ( ) Nurse ( ) Others (Specify) hilot 20

20. Received in the Office of the Local Civil Registrar by:
a. Signature: _____
b. Name in Print: PEDROLLO V. SULLA
c. Title or Position: Local Civil Registrar
d. Date: 5-4-84

21. a. Given Name Added from Supplemental Report: 4
b. Date When Given Name was Supplied: 36 92

22a. Length of Pregnancy: _____ Completed Weeks
22b. Weight at Birth: _____
23. Legitimate: _____

24. Date and Place of Marriage of Parents (For legitimate birth)
November 23, 1976 (Month) (Date) (Year)
City or Municipality: Baybay, Province: Leyte

25. This Certificate is Prepared by:
Signature: _____
Name in Print: CARLOS T. OPEÑO, JR.
Title or Position: _____
Date: 5-4-84

1100

10—230 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR STATISTICAL PURPOSES)

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1 (a). _____
1 (b). _____
1 (c). _____
2. _____
2 (c). _____
4. _____
5 (a). _____
5 (b). _____
6. _____
8. _____
9. _____
11 (a). _____
11 (b). _____
13. _____
14. _____
16 (a). _____
16 (b). _____
18 (c). _____
19 (c). _____
22 (a). _____
22 (b). _____
23. _____

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BEST POSSIBLE IMAGE

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BReN
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority