Municipal Form No. 102
(Revised Dec. 1, 1958)

CERTIFICATE OF LIVE BIRTH

Province: Leyte
City or Municipality: Bay[illegible]

Register Number:
(a) Civil Registrar General No.
(b) Local Civil Registrar No. 1137

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. San Agustin, Baybay, Leyte
(d) IS PLACE OF BIRTH INSIDE CITY LIMIT? 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. San Agustin, Baybay, Leyte
(d) IS RESIDENCE INSIDE CITY? Yes ( ) No (X)
(e) IS RESIDENCE ON A FARM? Yes (X) No ( )

3. NAME (Type or Print): First: EDWIN Middle: VEGA Last: BAGARINAO

4. SEX: Male
5a. THIS BIRTH: Single (X) Twin ( ) Triplet ( )
5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ( ) 2nd ( ) 3rd ( )
6. DATE OF BIRTH: Month Aug. Day 8, Year 1964

7. NAME: First: Antonio Middle: Poliquit Last: Bagarinao
8. RELIGION: Rom. Cath.
8. NATIONALITY: Fil.
8a. RACE: Brown

9. AGE (At time of this birth): Years 35
10. Birthplace: Bo. San Agustin, Baybay, Leyte
11a. Usual Occupation: Farming
11b. Kind of Business or Industry: None

12. NAME: First: Maxima Middle: Paloma Last: Vega
13. RELIGION: Rom. Cath.
13. NATIONALITY: Fil.
13a. RACE: Brown

14. AGE (At the time of this birth) year: 26
15. BIRTHPLACE: Bo. San Agustin, Baybay, Leyte
16. PREVIOUS DELIVERIES OF MOTHER (Do not include this birth)
a. How many children are now living? 2
b. How many other children were born alive but are now dead? None
c. How many fetal deaths (fetuses born dead any time after conception) None

17a. INFORMANT'S SIGNATURE: Antonio Bagarinao
b. Name in Print: ANTONIO BAGARINAO
c. Address: Bo. San Agustin, Baybay, Leyte

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

ATTENDANT AT BIRTH

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 2:00 o'clock A.M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT: Marcela Esbana
c. ADDRESS: Bo. San Agustin, Baybay, Leyte
d. DATE BY ATTENDANT AT BIRTH:
e. TITLE OF ATTENDANT OF BIRTH
( ) M.D. ( ) Midwife Hilot
( ) NURSE (X) OTHERS (Specify)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE: Eutrocina A. Geraldo
b. NAME IN PRINT: EUTROCINA A. GERALDO
c. TITLE OR POSITION: Registrar Clerk
d. DATE: 8/11/64

21a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
d. DATE WHEN GIVEN NAME WAS SUPPLIED:

1420

22a. Length of Pregnancy: Completed Weeks
22b. Weight at Birth: Lbs. Ozs.
23. LEGITIMATE: (X) Yes ( ) No

24. DATE AND PLACE OF MARRIAGE OF PARENTS: Month: April Date: 5, Year: 1962, City or Municipality: Baybay, Province: Leyte

25. THIS CERTIFICATE IS PREPARED BY
SIGNATURE: Consolacion P. Alvarado
NAME IN PRINT: CONSOLACION P. ALVAREDO
TITLE OR POSITION: Clerk 8/11/64