Municipal Form No. 102 — (Revised Dec. 1, 1968)

RESERVE FOR BINDING

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Province: Southern Leyte

City or Municipality: Bontoc

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 473

1. PLACE OF BIRTH

a. Province: Trece Pob. Bontoc S. Leyte
b. City or Municipality:
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: Trece Pob. Bontoc S. Leyte
b. City or Municipality:
c. Number and Street:
d. Is Residence Inside City Limits? Yes ☐ No ☒
e. Is Residence on a Farm? Yes ☐ No ☒

CHILD

3. Name (Type or print): First: Anatolio Middle: Narollo Last: Polinar
4. Sex: M
5a. This Birth: Single ☒ Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐ 4th.
6. Date of Birth: Month Nov. Day 20 Year 1968

FATHER

7. Name: First Bernabe Middle Polinar Last
8. Religion: Cath.
9. Nationality: Fil.
9a. Race: Brown
10. Age (At time of this birth): Years 39
11. Birthplace: Trece, Pob. Bontoc S. Leyte
11a. Usual Occupation: Farmer
11b. Kind of Business or Industry: None

MOTHER

12. Maiden Name: First Ilusihad Middle Narollo Last
13. Religion: Cath.
13. Nationality: Fil.
13a. Race: Brown
14. Age (At time of this birth): Years 39
15. Birthplace: Bontoc, So. Leyte
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?
c. How many fetal deaths (fetuses born dead any time after conception)?

17a. Informant's Signature: Providencia S. Tacardon
b. Name in Print: PROVIDENCIA S. TACARDON
c. Address: Bontoc, Southern Leyte

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 2:10 o'clock A.M., on the date above indicated.
a. Signature: Providencia S. Tacardon
b. Name in Print: PROVIDENCIA S. TACARDON
c. Address: Bontoc, So. Leyte
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth:
☒ M. D. ☐ Midwife ☐ Nurse ☐ Others (Specify)

20. Received in the Office of the Local Civil Registrar by:
a. Signature:
b. Name in Print: TROPIO V. MONTERA
c. Title or Position: Municipal Treasurer
d. Date:

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. 0600
23. Legitimate: ☒ Yes ☐ No
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: EDILA D. GALDO
Title or Position: Bookkeeper
Date:

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPANY

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BEST POSSIBLE IMAGE

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BReN
06402-A68WL01-2

Documentary
Stamp Tax Paid

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