NATIONAL STATISTICS OFFICE NSO

MUNICIPAL FORM NO. 102 – (Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Cebu
City or Municipality: Mandaue City

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 1833

RESERVE FOR BINDING

1. PLACE OF BIRTH
a. Province: Cebu
b. City or Municipality: Mandaue City
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Cambaro Mandaue City
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Cebu 2230V
b. City or Municipality: Mandaue City 2230V
b. NUMBER AND STREET: Cambaro Mandaue City 2
c. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐
e. IS RESIDENCE ON A FARM? Yes ☐ No ☐ 1

CHILD
3. NAME (Type or print): First: Oliver Middle: Daniot Last: Semblante 11
4. SEX: M 5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐ 5b. IS TWIN OR TRIPLET WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐ 6. DATE OF BIRTH: Month Nov. Day 7 1983 07 83

FATHER
7. NAME: First: Wilfredo Middle: Alinsoas Last: Semblante
8. AGE (At time of this birth): Years 30
9. BIRTHPLACE: Paknaan Mandaue City
RELIGION: R.C.
8. NATIONALITY: Fil.
8a. RACE: Brown
11a. USUAL OCCUPATION: Teacher
11b. KIND OF BUSINESS OR INDUSTRY 1

MOTHER
12. MAIDEN NAME: First: Edisa Middle: Antigua Last: Daniot 30
14. AGE (At time of this birth): Years 27
15. BIRTHPLACE: Lego Mandaue City
RELIGION: R.C.
12. NATIONALITY: Fil.
13a. RACE: Brown
16. PREVIOUS DELIVERIES (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? 0
c. How many fetal deaths (stillbirths) were there before this confinement? 0 27

17a. INFORMANT'S SIGNATURE: Edisa D. Semblante
b. NAME IN PRINT: Edisa D. Semblante
b. ADDRESS: Cambaro Mandaue City
18. MOTHER'S MAILING ADDRESS: Cambaro Mandaue City 1

19. ATTENDANT OF BIRTH
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: Neolitas T. Peran
c. ADDRESS: Municipal Health Office, Mandaue City
d. DATE SIGNED BY ATTENDANT OF BIRTH: Nov. 7 1983 2
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Nurse ☐ Midwife ☐ Others (Specify) 2

20. RECEIVED BY (Local Civil Registrar or Authorized Representative)
a. SIGNATURE:
b. NAME IN PRINT:
c. TITLE OR POSITION:
d. DATE:

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT 3
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 24

22a. LENGTH OF PREGNANCY: 9mos. COMPLETED WEEKS.
22b. WEIGHT AT BIRTH: 7 lbs. 5 Oz.
23. LEGITIMATE: Yes ☒ No ☐ 06

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): (Month) (Date) 12 1980 (Year)
City or Municipality: Mandaue City Province: Cebu

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: Neolitas T. Peran
TITLE OF POSITION: R.M.
DATE: Nov. 7, 1983 1

16—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) 4233

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

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