PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102 (Revised 1993) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte

City or Municipality: Baybay

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 604

CHILD

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. Cacat, Baybay, Leyte
d. Is Place of Birth Inside City Limits? Yes ( ) No (X)

2. Usual Residence of Mother (Where mother lives)
a. Province: Leyte 3708L
b. City or Municipality: Baybay 3708L
c. Number and Street: Bo. Cacat
d. Is Residence Inside City Limits? Yes ( ) No (X)
e. Is Residence on a Farm? Yes (X) No ( ) 0

3. Name (Type or print): First: RANILO Middle: VITUALBA Last: GIGMAN 02

4. Sex: M
5a. This Birth: Single (X) Twin ( ) Triplet ( )
5b. If Twin or Triplet, was Child: 1st ( ) 2nd ( ) 3rd ( )
6. Date of Birth: Month February Day 1 Year 1979 07

FATHER

7. Name: First: Luciano Middle: Pamito Last: Gigman
Religion: Rom. Catho
8. Nationality: Filipino
9. Race: Bisaya 79
10. Age (At time of this birth): Years 28
11. Birthplace: Cebu, City
11a. Usual Occupation: Farmer
11b. Kind of Business or Industry: 1

MOTHER

12. Maiden Name: First: Elena Middle: Caintic Last: Vitualla
Religion: Rom. Catho
13. Nationality: Filipino
Race: Bisaya 18
14. Age (At time of this birth): Years 19
15. Birthplace: Bo. Cacat, Baybay, Leyte
16. Previous Deliveries to Mother (Do not include this birth): 0 019
a. How many children are now living? 0
b. How many other children were born alive but are now dead? None
c. How many fetal deaths (stillbirths) were there from any time after complete pregnancy? None 0

17a. Informant's Signature:
b. Name in print: CONSORCIA VITUALLA
c. Address: Bo. Cacat, Baybay, Leyte

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

19. **ATTENDANT AT BIRTH**
I Hereby Certify that I attended the birth of this child who was born alive at 7:00 o'clock P.M. on the date above indicated.
a. Signature:
b. Name in Print: BEATRIZ TABUDLONG
c. Address: Baybay, Leyte
d. Date Signed by Attendant at Birth:
e. Title of Attendant at Birth: ( ) M. D. ( ) Nurse (X) Midwife ( ) Others (Specify): Hilot 4

20. Received in the Office of the Local Civil Registrar by:
a. Signature:
b. Name in Print: PETRONILO T. GIGMAN
c. Title or Position: Local Civil Registrar
d. Date: JAN 5 '79

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

22a. Length of Pregnancy: Completed Weeks
23. Weight at Birth
24. Legitimate: X

25. Date and Place of Marriage of Parents (For legitimate birth): January (Month) 12 (Date) 1958 Baybay (City or Municipality) Leyte (Province)

26. This Certificate is Prepared by:
Signature: PETRONILO T. GIGMAN
Name in Print:
Title or Position: Clerk
Date: JAN 15 '79

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

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