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: Leyte — *Register Number:*

City or Municipality: Tacloban City — *(a) Civil Registrar-General No.* ____

(b) Local Civil Registrar No. ____

RESERVE FOR BINDING

CHILD

1. PLACE OF BIRTH
   - a. PROVINCE: Leyte
   - b. CITY OR MUNICIPALITY: Tacloban City
   - c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bethany Hospital
   - d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
   - a. PROVINCE: Leyte
   - b. CITY OR MUNICIPALITY: Burauen
   - c. NUMBER AND STREET:
   - d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
   - e. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME (Type or print): First: Warren — Middle: DE VEYRA — Last: COME

4. SEX: Male

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: Month Nov. Day 11, Year 1977

FATHER

7. NAME: First: ALEJANDRO — Middle: BULIC — Last: COME

RELIGION: Rom. Cath.

8. NATIONALITY: Filipino

8a. RACE: Brown

9. AGE (At time of this birth): Years 33

10. BIRTHPLACE: Sta. Ana, La Paz, Leyte

11a. USUAL OCCUPATION: Veterinarian

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. MAIDEN NAME: First: LOURDES — Middle: MONGE — Last: DE VEYRA

RELIGION: Rom. Cath.

13. NATIONALITY: Filipino

13a. RACE: Brown

14. AGE (At time of this birth): Years 31

15. BIRTHPLACE: Tanauan, Leyte

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 1

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)?
2	0	0

17a. INFORMANT'S SIGNATURE: Lourdes V. Come

b. NAME IN PRINT: LOURDES V. COME

c. ADDRESS: Burauen, Leyte

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) Burauen, Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 1:23 o'clock p. M. on the date above indicated.

a. SIGNATURE: ____

b. NAME IN PRINT: FRANCISCO Q. RONDA, M.D.

c. ADDRESS: Tacloban City Hospital, Tacloban

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: ____

c. TITLE OR POSITION: ____

d. DATE: 11/16/77

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: ____

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 11-16-77

22a. LENGTH OF PREGNANCY: ____ COMPLETED WEEKS

22b. WEIGHT AT BIRTH: 5 LBS. 6 OZ.

23. LEGITIMATE: ☒ YES ☐ NO

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): January (Month) 25, (Date) 1975 (Year)

City or Municipality Burauen, Province Leyte

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE: Miguelita N. Cruto

NAME IN PRINT: MIGUELITA N. CRUTO

TITLE OR POSITION: Incharge, Medical Records

DATE: November 12, 1977

18—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

Height - 20"

CERTIFIED XEROX COPY FROM THE ORIGINAL

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MEDICAL RECORDS SECTION