Municipal Form No. 103—(Revised Dec. 1, 1952) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number: (a) Civil Registrar-General No. ..... (b) Local Civil Registrar No. 923

Province: Leyte

City or Municipality: Baybay

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. Mapgap; 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: Baybay; c. Number and Street: Bo. Mapgap; d. Is Residence Inside City Limits? Yes ☐ No ☒; e. Is Residence on a Farm? Yes ☒ No ☐

3. Name (Type or print): First: HERNANDO; Middle: LABAYAN; Last: MONDAL

4. Sex: Male; 5a. This Birth: Single ☒ Twin ☐ Triplet ☐; 5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐; 6. Date of Birth: Month May Day 3 Year 1975

FATHER

7. Name: First: Fabio; Middle: Kagutrax; Last: Mondal; 8. Religion: Rom. Cath.; 8. Nationality: Filipino; 8a. Race: Brown

9. Age (At time of this birth): 23 Years; 10. Birthplace: Bo. Mapgap, Baybay; 11a. Usual Occupation: Farming; 11b. Kind of Business or Industry: —

MOTHER

12. Maiden Name: First: Teo Tila; Middle: Posidad; Last: Labayan; 13. Religion: Rom. Cath.; 13. Nationality: Filipino; 13a. Race: Brown

14. Age (At time of this birth): 29 Years; 15. Birthplace: Bo. Buenavista, Tudela, Cebu

16. Previous Deliveries to Mother (Do not include this birth): 2

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 (future born dead any time after conception)? None

17a. Informant's Signature: CELESTINA PESQUERA

b. Name in Print: CELESTINA PESQUERA

c. Address: Bo. Mapgap, Baybay, Leyte

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

ATTENDANT AT BIRTH

19. I hereby certify that I attended the birth of this child who was born alive at 10:00 o'clock P. M. on the date above indicated.

a. Signature: Candido Celio

b. Name in Print: Bo. Mapgap, Baybay, Leyte

c. Address:

d. Date Signed by Attendant at Birth:

e. Title of Attendant at Birth: ☐ M. D. ☐ Nurse ☐ Midwife ☒ Others (Specify) Hilot

20. Received in the Office of the Local Civil Registrar by:

a. Signature: EUFROCINA A. CERALDO

b. Name in Print:

c. Title or Position: Registry Clerk

d. Date: 5/20/75

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.

23. Legitimate: ☒ Yes ☐ No

24. Date and Place of Marriage of Parents (For legitimate birth): (Month) JJ June (Date) 15 (Year) 1970 City or Municipality: Baybay Province: Leyte

25. This Certificate is Prepared by:

Signature: EUFROCINA A. CERALDO

Name in Print:

Title or Position: Registry Clerk

Date: 5/20/75

18—430 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

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

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