Municipal Form No. 102—(Revised Dec. 1, 1968) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

51
26

Province: LEYTE
City or Municipality: BAYBAY

Register Number:
(a) Civil Registrar-General No. .....
(b) Local Civil Registrar No. 485

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte	a. Province: Leyte
b. City or Municipality: Baybay	b. City or Municipality: Baybay
c. Name of Hospital or Institution (If not in hospital give street address): Bo. Maroos,	c. Number and Street: Bo. Maroos
d. Is Place of Birth Within City Limits? Yes ☐ No ☒	d. Is Residence Within City Limits? Yes ☐ No ☐
	e. Is Residence on a Farm? Yes ☒ No ☐ 4

CHILD

3. Name (Type or print): First RAUL Middle TOLERO Last BAGARINAO 71
4. Sex: Male
5a. This Birth: Single X Twin ☐ Triplet ☐
5b. If Twin or Triplet, was Child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of Birth: Month April Day 6 Year 1971

FATHER

7. Name: First Vicente Middle Varron Last Bagarinao
8. Religion: Rom. Cath.
9. Nationality: Fil.
10. Race: Brown
11. Age (At time of this birth): 39 Years
12. Birthplace: Bo. Maroos, Baybay, Leyte
13a. Usual Occupation: Farming
13b. Kind of Business or Industry:

MOTHER

14. Maiden Name: First Nato Middle Toledo Last Rosith
15. Religion: Rom. Cath.
16. Nationality: Fil.
17. Race: Brown
18. Age (At time of this birth): 30 Years
19. Birthplace: Balamban, Cebu
20. Previous Deliveries to Mother (Do not include this birth): 6
    a. How many children are now living? 6
    b. How many other children were born alive but are now dead? none
    c. How many fetal deaths (fetuses born dead any time after conception)?
17a. Informant's Signature: Vicente Bagarinao
17b. Name in Print: VICENTE BAGARINAO
17c. Address: Bo. Maroos, Baybay, Leyte
18. Mother's Mailing Address: (Number, Street, City or Municipality, Province) Bo. Maroos, Baybay, Leyte

ATTENDANT AT BIRTH

19. I hereby certify that I attended the birth of this child who was born alive at 8:00 o'clock A. M., on the date above indicated.
    a. Signature:
    b. Name in Print: IRENEA POHOL
    c. Address: Bo. Maroos, Baybay, Leyte
    d. Date Signed by Attendant at Birth:
    e. Title of Attendant at Birth: ☐ M. D. ☐ Midwife ☐ Nurse ☒ Others (Specify) Hilot

20. Received in the Office of the Local Civil Registrar by:
    a. Signature:
    b. Name in Print: EUFROCINA A. GERALDO
    c. Title or Position: Registration Clerk
    d. Date: 4/6/71

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 (If legitimate birth): Nov. 6 1967 (Month) Baybay (Day) Leyte (Year)
City or Municipality ____ Province ____

25. This Certificate is Prepared by:
    Signature:
    Name in Print: SOLEDAD F. MORENO
    Title or Position: Clerk 4/5/71
    Date:

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR STATISTICAL PURPOSES) 370

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

RESERVE FOR BINDING

04951-DG-402LAC-00137-BI001
BEST POSSIBLE IMAGE

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GI700837063

BReN
[03708-A71G601-2]

Documentary
Stamp Tax Paid

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