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)

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 838 [illegible]

Province: Leyte
City or Municipality: [illegible]

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): Tres Martires St.,
d. Is place of birth inside city limits? Yes ☐ No ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Leyte 37085
b. City or Municipality: Baybay 37085
c. Number and Street: Tres Martires St., 2
d. Is residence inside city limits? Yes ☐ No ☐
e. Is residence on a farm? Yes ☐ No ☐ 2

CHILD
3. Name (Type or print): First [illegible] Middle [illegible] Last [illegible] 04
4. Sex: Female
5a. This birth: Single ☐ Twin ☐ Triplet ☐
5b. If twin or triplet was child: 1st ☐ 2nd ☐ 3rd ☐
6. Date of birth: Month Apr. Day 4, Year 1980 04

FATHER
7. Name: First [illegible] Middle S. Last [illegible]
Religion: Rom. Cath.
8. Nationality: Fil.
8a. Race: Filipino 84
9. Age (At time of this birth): Years 44
10. Birthplace: [illegible], Leyte
11a. Usual occupation: [illegible]
11b. Kind of business or industry 1

MOTHER
12. Maiden name: First [illegible] Middle A. Last [illegible]
Religion: Rom. Cath.
13. Nationality: Fil.
13a. Race: [illegible] 44
14. Age (At time of this birth): Years 20
15. Birthplace: Baybay, Leyte
16. Previous deliveries to mother (Do not include this birth) – 981
a. How many children are now living? --
b. How many other children were born alive but are now dead?
c. How many fetal deaths (born dead after 20 weeks pregnancy)? 1

17a. Informant's signature: [signature]
b. Name in print: [illegible]
c. Address: Baybay, Leyte

18. Mother's mailing address (Number, Street, City or Municipality, Province): Tres Martires St., Baybay, Leyte 20

19. ATTENDANT OF BIRTH 1
I hereby certify that I attended the birth of this child who was born alive at [illegible] o'clock [illegible] m. on the date above indicated.
a. Signature: [signature]
b. Name in print: [illegible]
c. Address: [illegible]
d. Date signed by attendant of birth
e. Title of attendant at birth: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify) 1

20. Received in the office of the Local Civil Registrar by:
a. Signature:
b. Name in print: [illegible]
c. Title or position: Local Civil Registrar
d. Date:

21. a. Given name added from supplemental report: 3
b. Date when given name was supplied: 36

22a. Length of pregnancy: ___ completed weeks 579
22b. Weight at birth: ___ lbs. ___ oz.
23. Legitimate: ☐ Yes ☐ No

24. Date and place of marriage of parents (For legitimate birth): [illegible] (Month) [illegible] (Date) 19[illegible] (Year)
City or Municipality: Baybay Province: Leyte

25. This certificate is prepared by: 1
Signature: [signature]
Name in print: [illegible]
Title or position:
Date: [illegible]

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES) 1980

RESERVED FOR REGISTRAR

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