



Philippine Statistics Authority Form No. 101 (Revised Dec. 1, 1978)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Registrar Number:

Province: Cebu

(a) Civil Registrar-General No. _____

City or Municipality: Carmen

(b) Local Civil Registrar No. 216 (C-77)

1. PLACE OF BIRTH

a. Province

Cebu

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. Province

Cebu

b. City or Municipality

Carmen

b. City or Municipality

Carmen

3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

c. Name and Street

4. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Yes ☐

No ☐

4. IS RESIDENCE INSIDE CITY LIMITS?

Yes ☐

No ☐

4. IS RESIDENCE IN A RURAL AREA?

Yes ☐

No ☐

5. NAME (Type or print)

First

Middle

Last

6. SEX

Male ☐

Female ☐

7. IS FATHER OR FATHER-TO-BE PRESENT?

Yes ☐

No ☐

8. DATE OF BIRTH

Month

Day

Year

9. NAME

First

Middle

Last

10. RELIGION

11. NATIONALITY

12. RACE

13. AGE (At date of birth)

Years

Months

Days

Hours

Minutes

Seconds

14. BIRTHPLACE

Province

City or Municipality

Barangay

15. USUAL OCCUPATION

16. NAME OF BIRTHPLACE

Province

City or Municipality

Barangay

17. HOW MANY OTHER CHILDREN ARE NOW ALIVE?

18. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

19. HOW MANY STILLBORN CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

20. HOW MANY STILLBORN CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

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40. HOW MANY STILLBORN CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

12. MOTHER'S NAME

First

Middle

Last

13. NATIONALITY

14. RACE

14. AGE (At date of birth)

Years

Months

Days

Hours

Minutes

Seconds

15. BIRTHPLACE

Province

City or Municipality

Barangay

16. USUAL OCCUPATION

17. NAME OF BIRTHPLACE

Province

City or Municipality

Barangay

18. HOW MANY OTHER CHILDREN ARE NOW ALIVE?

19. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

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17. INDIAN, NATURALIZED CITIZEN

18. NAME IN PRINT

19. ADDRESS

20. DATE OF BIRTH

21. DATE OF DEATH

22. DATE OF BURIAL

23. DATE OF INTERMENT

24. DATE OF CREMATION

25. DATE OF OTHER

26. DATE OF OTHER

27. DATE OF OTHER

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

19. DATE OF BIRTH

20. DATE OF DEATH

21. DATE OF BURIAL

22. DATE OF INTERMENT

23. DATE OF CREMATION

24. DATE OF OTHER

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