MUNICIPAL FORM No. 102—(Revised Dec. 1, 1938) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: Leyte

City or Municipality: Baybay

Register Number:
(a) Civil Registrar-General No.
(b) Local Civil Registrar No. 421

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): M. L. Quezon St., Baybay, Leyte
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: M. L. Quezon St.
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐
e. IS RESIDENCE ON A FARM? Yes ☐ No ☒

CHILD

3. NAME (Type or print): First: RAFAEL Middle: ROSARIO Last: ALVARADO
4. SEX: Male
5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month October Day 8 Year 1968

FATHER

7. NAME: First: Servillano Middle: Derache Last: Juntilla
RELIGION: Rom. Cath.
8. NATIONALITY: Fil.
8a. RACE: Brown
9. AGE (At time of this birth) Years: 63
10. BIRTHPLACE: Baybay, Leyte
11a. USUAL OCCUPATION: Gov't. Employee
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. MAIDEN NAME: First: Victoria Middle: Mantua Last: Alvarado
RELIGION: Rom. Cath.
13. NATIONALITY: Fil.
13a. RACE: Brown
14. AGE (At time of this birth) Years: 47
15. BIRTHPLACE: Baybay, Leyte
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): None
a. How many children are now living?
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)?: None

17a. INFORMANT'S SIGNATURE:
b. NAME IN PRINT: RAFAELA ALVARADO
c. ADDRESS: M. L. Quezon St., Baybay, Leyte
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province): M. L. Quezon St., Baybay, Leyte

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 4:50 o'clock P.M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT: Dra. Lahoja L. Paras
c. ADDRESS: Baybay, Leyte
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: EDFROGINA A. CERALDO
c. TITLE OR POSITION: Registrar Clerk
d. DATE: 5/22/68

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 1130

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): January (Month) 8 (Date) 1947 (Year)
City or Municipality: Baybay Province: Leyte

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: EDFROGINA A. CERALDO
TITLE OR POSITION: Registrar Clerk
DATE: 5/22/68

18 239 (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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BEST POSSIBLE IMAGE

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BReN
03708-A67U801-9

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

AD 000399234