



MUNICIPAL FORM NO. 101 - (Revised Dec. 1, 1948)

(TO BE ACCOMPLISHED IN DUPLICATES)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

29/45

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Register Number:

Province: Cebu  
City or Municipality: Cebu

(a) Civil Registrar-General No.  
(b) Local Civil Registrar No. 238

1. PLACE OF BIRTH  
a. Province: Cebu  
b. City or Municipality: Sibuyan  
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): National Children's Hospital Clinic  
d. PLACE OF BIRTH INSIDE CITY (Street):

9. USUAL RESIDENCE OF MOTHER (When does mother stay?)  
a. Province: Cebu  
b. City or Municipality: Sibuyan  
c. NUMBER AND STREET: 7276  
d. IS RESIDENCE INSIDE CITY LIMITS? Yes  No   
e. IS RESIDENCE ON A FARM? Yes  No

3. NAME (Type at birth) First Middle Last: VANICE ANNE LOPEZ  
4. SEX: Female  
5. TIME OF BIRTH: 11:00 AM  
6. DATE OF BIRTH: 11/20/45

7. NAME (Type at birth) First Middle Last: Angelina Abalaya  
8. ADDRESS (At time of birth): Sibuyan, Cebu

10. RELIGION: Roman Catholic  
11. USUAL OCCUPATION: Housewife  
12. KIND OF BUSINESS (If any):

13. MAIDEN NAME: Angelina Abalaya  
14. ADDRESS (At time of marriage): Sibuyan, Cebu

15. NATIONALITY: Filipino  
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 20

17. INFORMANT'S SIGNATURE: [Signature]  
18. ADDRESS: Sibuyan, Cebu

19. How many children are now living? 1  
20. How many children were born alive but are now dead? 0  
21. How many still-born children were there? 0

19. I HEREBY CERTIFY that I attended the birth of this child who was born on the 20th day of November, 1945, at the place above indicated.

20. SIGNATURE: [Signature]  
21. NAME IN PRINT: [Name]  
22. TITLE OR POSITION: [Title]  
23. DATE: [Date]

24. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: [Signature]  
25. DATE: [Date]

26. LENGTH OF PREGNANCY: Completed week  
27. WEIGHT AT BIRTH: [Weight]

28. SEX OF CHILD: Male

29. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth): Nov 21, 1945, Cebu

30. THIS CERTIFICATE IS ISSUED BY: [Signature]  
31. NAME IN PRINT: [Name]  
32. TITLE OR POSITION: [Title]  
33. DATE: [Date]

10-739 (SPACE FOR MEDICAL AND HEALTH FEES FOR SPECIAL PURPOSES) 0520



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Carmelita N. ERICTA