



MUNICIPAL FORM NO. 102 - (Revised Dec. 1, 1963)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Registrar Number:

Province: _____
City or Municipality: Manila

(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 1405 (79)

1. PLACE OF BIRTH

a. PROVINCE _____

b. CITY OR MUNICIPALITY Manila

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Perpetual Succor Hospital

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?
Yes No

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

a. PROVINCE _____

b. CITY OR MUNICIPALITY Manila

c. NUMBER AND STREET 516 Vicente Cruz St. Sampaloc,

d. IS RESIDENCE INSIDE CITY LIMITS?
Yes No

e. IS RESIDENCE ON A FARM?
Yes No

2906 A
2906 A

3. NAME (Type or print)

First Cheery Middle Fernandez Last Asistido

4. SEX F

5a. THIS BIRTH SINGLE TWIN TRIPLET

5b. IS TWIN OR TRIPLET, WAS CHILD 1st 2nd 3rd

6. DATE OF BIRTH
Month 6 Day 4 Year 79

06
04
79

7. NAME

First Angelito Middle Salazar Last Asistido RELIGION r.c.

8. NATIONALITY fil. 9a. RACE br.

9. AGE (At time of this birth) 23 Years

10. BIRTHPLACE Manila

11a. USUAL OCCUPATION Auto-Mechanic

11b. KIND OF BUSINESS OR INDUSTRY _____

23
844

12. MOTHER'S NAME

First Alma Middle C. Last Fernandez RELIGION r.c.

13. NATIONALITY fil. 13a. RACE br.

14. AGE (At time of child's birth) 22 Years

15. BIRTHPLACE Manila

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 0

1
73

17a. INFORMANT'S SIGNATURE: Angelito S. Asistido

b. NAME IN PRINT: ANGELITO S. ASISTIDO

c. ADDRESS: 516 - VICENTE C. CRUZ SAMPALOC

a. How many children are now living? 0

b. How many other children were born alive but are now dead? 0

c. How many fetal deaths (fetuses born dead any time after conception)? 0

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
516 Vicente Cruz St. Sampaloc, Manila

19. I hereby certify that I attended the birth of this child who was born alive at 4:16 o'clock P. M. on the date above indicated.

a. SIGNATURE: _____

b. NAME IN PRINT: Dr. Augusto Perez

c. ADDRESS: P.S.H.M.

ATTENDANT AT BIRTH

d. DATE SIGNED BY ATTENDANT AT BIRTH: 6-5-79

e. TITLE OF ATTENDANT AT BIRTH:
 M. D. MIDWIFE
 NURSE OTHER (Specify) _____

06

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: _____

b. NAME IN PRINT: _____

c. TITLE OR POSITION: _____

d. DATE: JUN 28 1979

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: _____

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 6-5-79

22a. LENGTH OF PREGNANCY _____ COMPLETED WEEKS.

22b. WEIGHT AT BIRTH 6 LBS. 10 OZ.

23. LEGITIMATE YES NO

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
August 28 1978
(Month) Manila (Date) (Year)
City or Municipality _____; Province _____

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: _____
NAME IN PRINT: Isabelita S. Perez
TITLE OR POSITION: Clerk 6-5-79
DATE: _____

10-233

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

4430

07690-20-400JRA-00103-BI019

BEST POSSIBLE IMAGE



T400076904000010301202021019
P0400023006

BReN
03906-A79M435-5

Documentary
Stamp Tax Paid

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