



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)

LCR No.

Register Number:

Province: Albay  
City or Municipality: Albay City

(a) Civil Registrar-General No. 876/16-29  
(b) Local Civil Registrar No. 16-1373

Municipality of Albay

Province Albay

1. PLACE OF BIRTH a. Province <u>Albay</u>	3. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. Province <u>Albay</u>
b. City or Municipality <u>Albay City</u>	b. City or Municipality <u>Albay City</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Paras Albay City</u>	b. NUMBER AND STREET <u>Paras Albay City</u>
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	e. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or print) Maria Lourdes Cagon <sup>First</sup> <sup>Middle</sup> <sup>Last</sup> Codimera

4. SEX Female 5a. THIS BIRTH Single  Twin  Triplet  5b. IS TWIN OR TRIPLET WAS CHILD 1st  2nd  3rd  6. DATE OF BIRTH February 13 - 1983

7. NAME Armenio Tribunado Codimera 8. RELIGION K.C. 9. NATIONALITY Philippine 10. RACE Brown

11. AGE (at time of child's birth) 32 12. BIRTHPLACE Palomban, Albay 13. USUAL OCCUPATION Laborer 14. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S NAME Cristina Parazillo Cagon 16. RELIGION K.C. 17. NATIONALITY Philippine 18. RACE Brown

19. AGE (at time of child's birth) 26 20. BIRTHPLACE Laney, Albay City 21. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 4

22. INFORMANT'S SIGNATURE (Name in print) Maria L. Codimera 23. ADDRESS Cristina Codimera

24. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province) Paras Albay City

25. I HEREBY CERTIFY that I attended the birth of this child who was born above at Paras Albay City on the date above stated.

26. SIGNATURE [Signature] 27. NAME IN PRINT [Name] 28. ADDRESS [Address]

29. DATE SIGNED BY ATTENDANT OF BIRTH: 2-15/83

30. TITLE OF ATTENDANT AT BIRTH: [Title]

31. SIGNATURE: [Signature] 32. NAME IN PRINT: [Name] 33. TITLE OR POSITION: [Title] 34. DATE: 2/21/83

35. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: [Name] 36. DATE WHEN GIVEN NAME WAS SUPPLIED: 2-15-1983

37. 11-27TH OF PREGNANCY 39 COMPLETED WEEKS 38. WEIGHT AT BIRTH 6 39. LEGITIMATE Yes  No

40. DATE AND PLACE OF MARRIAGE OF PARENTS (For mother in birth) April 13 1974

41. THIS CERTIFICATE IS PREPARED BY: SIGNATURE: [Signature] NAME IN PRINT: [Name] TITLE OF POSITION: [Title] DATE: 2-15-83

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

1390

RESERVE FOR BINDING

IMPORTANT - DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION.

- 1(a)
- 1(b)
- 1(c)
- 2
- 3(a)
- 3(b)
- 3(c)
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11(a)
- 11(b)
- 12
- 13
- 14
- 15
- 16
- 17(a)
- 17(b)
- 18(a)
- 18(b)
- 19
- 20
- 21
- 22(a)
- 22(b)
- 23