



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)

Register Number:

Province: CEBU  
City or Municipality: ALCOY

(a) Civil Registrar-General No. 173(7-8)  
(b) Local Civil Registrar No.

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. Province	CEBU	a. Province	CEBU 2202K
b. City or Municipality	ALCOY	b. City or Municipality	ALCOY 2202K
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		b. NUMBER AND STREET	
CAUSIMBAYON, GUIWANAN ALCOY, CEBU		27	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS?		d. IS RESIDENCE INSIDE CITY LIMITS?	e. IS RESIDENCE ON A FARM?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or print)		6. DATE OF BIRTH	
WILFRED HERNANDEZ		MAY 15, 1980	
4. SEX	5a. THIS BIRTH	5b. IS TWIN OR TRIPLET WAS CHILD	
F	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	

7. NAME		RELIGION	8. NATIONALITY	9a. RACE
TOLICERIO		R.C.	FIL	ATAYAL
8. AGE (At time of this birth)	10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
26	ALCOY, CEBU	FARMING	1	

12. MAIDEN NAME		RELIGION	12. NATIONALITY	13a. RACE
MARGARET		R.C.	FIL	ATAYAL
14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)		
27	ALCOY, CEBU	619		

17a. INFORMANT'S SIGNATURE		17b. How many children now living?	17c. How many other children were born alive but are now dead?	17d. How many foetal deaths (letus born dead or stillborn) since last conception?
TOLICERIO HERNANDEZ				
17b. ADDRESS		17c. ADDRESS		
MARGARET ALCOY, CEBU		MARGARET ALCOY, CEBU		

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)  
CAUSIMBAYON, GUIWANAN, ALCOY, CEBU

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at _____ o'clock _____ M. on the date above indicated.		d. DATE SIGNED BY ATTENDANT OF BIRTH:
e. SIGNATURE: MARGARET ALCOY		2
f. NAME IN PRINT: MARGARET ALCOY		e. TITLE OF ATTENDANT AT BIRTH:
g. ADDRESS: MARGARET ALCOY, CEBU		<input type="checkbox"/> M.D. <input type="checkbox"/> Mid-wife <input type="checkbox"/> Nurse <input type="checkbox"/> Others (Specify) HILARIO

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. SIGNATURE: [Signature]		
c. NAME IN PRINT: [Name]		b. DATE WHEN GIVEN NAME WAS SUPPLIED:
d. TITLE OR POSITION: ASST. TREASURER		
e. DATE: [Date]		

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. LEGITIMATE
COMPLETED WEEKS:	lbs _____ Oz _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)	25. THIS CERTIFICATE IS PREPARED BY:
JULY 27, 1978	SIGNATURE: [Signature]
(Month) ALCOY (Date) (Year) CEBU	NAME IN PRINT: ERICTA N. ERICTA
City or Municipality Province	TITLE OF POSITION: REGISTRAR GENERAL
	DATE: 6-27-80

10-239

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE



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BReN 02202-A80MF01-8

[Signature]

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