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)

Province: Cebu
City or Municipality: Tabuelan

Register Number:
Civil Registrar-General No.
Local Civil Registrar No. 224-1-82

1. PLACE OF BIRTH
a. Province: Cebu
b. City or Municipality: Tabuelan
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☑

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. Province: Cebu
b. City or Municipality: Tabuelan
c. NUMBER AND STREET: Dalid, Tabuelan, Cebu
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☑
e. IS RESIDENCE ON A FARM? Yes ☑ No ☐

CHILD

3. NAME (Type or print): First: Rienaly Middle: Montejo Last: Menchavez
4. SEX: F
5a. THIS BIRTH: Single ☑ Twin ☐ Triplet ☐
5b. IS TWIN OR TRIPLET: 1st ☐ 2nd ☐ 3rd ☐ AS CHILD
6. DATE OF BIRTH: Month Oct. Day 26 Year 82

FATHER

7. NAME: First: Riero Middle: Presbitero Last: Menchavez
8. AGE (At time of this birth): Years 21
9. RELIGION: R. C.
10. BIRTHPLACE: Sogod, Cebu
11a. USUAL OCCUPATION: driver
11b. KIND OF BUSINESS OR INDUSTRY
12. NATIONALITY: Fil.
13. RACE: brown

MOTHER

14. MAIDEN NAME: First: Arlene Middle: Munto Last: Montejo
15. AGE (At time of this birth): Years 19
16. BIRTHPLACE: Dalid, Tabuelan, Cebu
17. RELIGION: R. C.
18. NATIONALITY: Fil.
19. RACE: brown
20. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): none
a. How many children are now living? none
b. How many other children were born alive but are now dead? none
c. How many fetal deaths (fetus born dead) some time after conception: none

21a. INFORMANT'S SIGNATURE: JBC
b. NAME IN PRINT: JUDELY COMENDADOR
c. ADDRESS: Tabuelan, Cebu

22. MOTHERS' MAILING ADDRESS: (Number, Street, City or Municipality, Province) Dalid, Tabuelan, Cebu

23. ATTENDANT OF BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at ..... o'clock ..... M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:
d. DATE SIGNED BY ATTENDANT OF BIRTH:
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify) MILOT

24. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE: LOLITA C. SELLE
b. NAME IN PRINT:
c. TITLE OR POSITION: Clerk
d. DATE: Oct. 29, 1982

25. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:
b. IF GIVEN NAME WAS SUPPLIED:

26a. LENGTH OF PREGNANCY: ..... COMPLETED WEEKS
26b. WEIGHT AT BIRTH: ..... lbs. ..... Oz
27. LEGITIMATE: ☑ Yes ☐ No

28. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
February (Month) 27 (Date) 82 (Year)
City or Municipality: Tabuelan Province: Cebu

29. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT: LOLITA C. SELLE
TITLE OF POSITION: Clerk
DATE: Oct. 29, 1982

10—739 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

5010

06296-21-005BDP-00665-BI001

BEST POSSIBLE IMAGE

BReN
02249-A82VS01-9

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General