



Form No. 107 (Revised Dec. 1, 1950) (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: \_\_\_\_\_ (a) Civil Registrar-General No. \_\_\_\_\_  
 City or Municipality: Dapitan City (b) Local Civil Registrar No. 26615-0

1. Place of Birth: a. Province \_\_\_\_\_ b. City or Municipality Dapitan City  
 2. Usual Residence of Mother (where does mother live): a. Province 7201 b. City or Municipality Dapitan City 7201  
 c. Name of Hospital or institution (If not in hospital give street address) Risal Memorial Hospital c. Number and Street Lopez Jacno Street  
 d. Is place of Birth inside city limits? Yes  No  d. Is residence inside city limits? Yes  No  e. Is residence on the farm? Yes  No

3. Name (Type or print) First GINA Middle ARIAS Last CALUNAG  
 4. Sex: a. This Birth Single  Twin  Triplet  b. If twin or triplet 1st  2nd  3rd  c. Date of Birth Jan. 29 Year 1980

7. Name: First Simplicio S. Middle Calunag Last B.C. Religion Phil. Race Brown  
 9. Age (At time of this birth) 49 years Birthplace Sinatlan, Cebu 11a. Usual Occupation Sec. Guard 11b. Kind of Business or Industry \_\_\_\_\_

12. Maiden Name: First Patresonia N. Middle Arias Last B.C. Religion Phil. Race Brown  
 14. Age (At time of this birth) 43 years Birthplace Dapitan City 16. Previous deliveries to Mother (Do not include this birth) 7

17a. Informant's Signature: \_\_\_\_\_ b. Name in Print: \_\_\_\_\_ c. Address: \_\_\_\_\_  
 17b. How many children are now living: 7 17c. How many other children were born alive but are dead/death: 0

18. Mother's mailing address (Number, street, city or Municipality, Province) Lopez Jacno St., Dapitan City

19. I hereby certify that I attended the birth of this child who was born alive at 1430 o'clock A M. on the date above indicated.  
 a. Signature: \_\_\_\_\_ b. Name in Print: GINA H. ARIAS, M.D. c. Address: \_\_\_\_\_ Dapitan City  
 d. Date signed by attendant at birth: 2/15/80  
 e. Title of attendant at birth: M.D. Wife Other's (specify)

20. Received in the office of the Local Civil Registrar by: a. Signature: \_\_\_\_\_ b. Name in Print: CARINA S. BAGALANON c. Title or Position: Civil Reg. Clerk d. Date: 2/22/80  
 21. a. Given Name added from supplemental reports: \_\_\_\_\_ b. Date when given name was applied: \_\_\_\_\_

22a. Length of Pregnancy 36 completed weeks 22b. Weight at Birth 7 lbs. 4 oz. Legitimate

24. Date and Place of Marriage of Parents (For legitimate birth) March 16, 1955  
 25. This Certificate is signed by: Signature: \_\_\_\_\_ Name in Print: ANGELINA S. BERSALES Title or Position: Chief I (Medical Records) Date: 2/15/80

06624-BD-400BLA-00638-BI002

BREN 07201-A80BV02-3

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



Documentary Stamp Tax Paid