



Municipal Form No. 102—(Revised Dec. 1, 1959)

(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: Surigao del Norte (a) Civil Registrar-General No. _____
City or Municipality: Makamono (b) Local Civil Registrar No. 123

1. Place of Birth		2. Usual Residence of Mother Where does mother live?	
a. Province <u>Surigao del Norte</u>	a. Province <u>Surigao del Norte</u>	b. City or Municipality <u>Makamono</u>	b. City or Municipality <u>Makamono</u>
b. City or Municipality <u>Makamono</u>	c. Number and Street <u>Suriga</u>	c. Number and Street <u>Makamono</u>	c. Number and Street <u>Makamono</u>
d. Name of Hospital or Institution (If not in hospital, give Street address) <u>Suriga Makamono</u>	d. Is Residence Inside City Limits? Yes [] No []	e. Is Residence on a Farm? Yes [] No []	

3. Name: (Type or print)		First <u>Roberto</u>	Middle <u>Suber</u>	Last <u>Mobero</u>
4. Sex <u>M</u>	5a. This Birth Single [] Twin [] Triplet []	5b. If Twin or Triplet, was Child 1st [] 2nd [] 3rd []	6. Date of Birth <u>July 2 1970</u>	

7. Name First <u>Roberto</u> Middle <u>Suber</u> Last <u>Mobero</u>		8. Nationality <u>Phil</u>	9a. Race <u>Fil</u>
9. Age (At time of this birth) <u>34</u> Years	10. Birthplace <u>Cobadbaron Agusan</u>	11a. Usual Occupation <u>Driver</u>	11b. Kind of Business or Industry

12. Maiden Name First <u>Roberto</u> Middle <u>Suber</u> Last <u>Mobero</u>		13. Nationality <u>Phil</u>	13a. Race <u>Fil</u>
14. Age (At time of this birth) <u>40</u> Years	15. Birthplace <u>Suriga, Makamono</u>	16. Previous Deliveries to Mother (Do not include this birth)	

17a. Informant's Signature: <u>Seodocio Malaga</u>		a. How many children are now living? <u>1</u>	b. How many other children were born alive but are now dead? _____	c. How many fetal deaths (stillborn dead any time after conception)? _____
b. Name in Print <u>Seodocio Malaga</u>		18. Mother's Mailing Address: Number, Street, City or Municipality, Province _____		

ATTENDANT AT 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: Seodocio Malaga
b. Name in Print: Seodocio Malaga
c. Address: Suriga Makamono

d. Date Signed by Attendant at Birth: _____

e. Title of Attendant at Birth: _____
[] M. D. [] Midwife
Name: _____ Other (Specify): Rela

20. Received in the Office of the Local Civil Registrar by:

a. Signature: _____
b. Name in Print: _____
c. Title or Position: _____
d. Date: _____

21. a. Given Name Added from Supplemental Report: _____
b. Date When Given Name was Supplied: _____

22a. Length of Pregnancy 7.10.11 Completed Weeks _____
22b. Weight at Birth _____ Lbs. _____ Oz. [] Yes 2400

23. Legitimate [] Yes [] No

24. Date and Place of Marriage of Parents (For legitimate birth) _____
(Month) Jan (Day) 29 (Year) 1973

25. This Certificate is Prepared by:
Signature: _____
Name in Print: Seodocio Malaga
Title or Position: _____
Date: _____

18-23 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

1390

05056-5E-991APA-00594-BI002

BEST POSSIBLE IMAGE

BReN [06715-A74PP01-0]

Carmelita N. ERICTA

Administrator and Civil Registrar General