



Form No. 102 - (Revised Dec. 1, 1968)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

**CERTIFICATE OF LIVE BIRTH**

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

69  
17  
19  
21

Province: RIZAL  
City or Municipality: QUEZON CITY

Register Number:  
(a) Civil Registrar-General No.  
(b) Local Civil-Registrar No. 89618-72

1. PLACE OF BIRTH  
a. PROVINCE RIZAL  
b. CITY OR MUNICIPALITY QUEZON CITY  
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U E R M HOSPITAL  
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?  
Yes  No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)  
a. PROVINCE  
b. CITY OR MUNICIPALITY QUEZON CITY  
c. NUMBER AND STREET 43-C Kamias St.  
d. IS RESIDENCE INSIDE CITY LIMITS?  
Yes  No  e. IS RESIDENCE ON A FARM?  
Yes  No

3. NAME (Type or print):  
First JOSE PAOLO MARIA Middle ALICAN Last NAVARRETE  
4. Sex Male 5a. TIME BIRTH SINGLE 5b. IF TWIN OR TRIPLET, WAS CHILD 1ST  2ND  3RD

6. DATE OF BIRTH  
Month July Day 29 Year 1972

7. NAME: First GERARDO Middle S. Last NAVARRETE  
8. AGE (At time of this birth) 31 Years  
10. BIRTHPLACE Cebu City

9. RELIGION Catholic  
11a. USUAL OCCUPATION Employee  
11b. KIND OF BUSINESS OR INDUSTRY Geason's Lab.

12. MAIDEN NAME: First ANASTAGIA Middle D. Last ALICAN  
14. AGE (At time of this birth) 25 Years  
16. BIRTHPLACE Dagami, Leyte

13. NATIONALITY Filipino 19a. RACE Brown  
10. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 0

17a. INFORMANT'S SIGNATURE: Anastasia A. Navarrete  
b. NAME IN PRINT: ANASTASIA A. NAVARRETE  
c. ADDRESS: ANASTASIA A. NAVARRETE

a. How many children are now living? 0  
b. How many other children were born alive but are now dead? 0  
c. How many fetal deaths (fetuses born dead any time after conception)? 0

18. Mother's Mailing Address: (Number, Street, City or Municipality, Province)  
19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at 5:16 o'clock P. M. on the date above indicated.  
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:  
a. SIGNATURE:  
b. NAME IN PRINT:  
c. TITLE OR POSITION:  
d. DATE:

ATTENDANT AT BIRTH  
c. DATE SIGNED BY ATTENDANT AT BIRTH: July 29, 1972  
d. TITLE OF ATTENDANT AT BIRTH: PM.D.  
e. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:  
f. DATE WHEN GIVEN NAME WAS SUPPLIED:

22a. LENGTH OF PREGNANCY 40 COMPLETED WEEKS.  
23. WEIGHT AT BIRTH 7 LBS. 0 OZ.  
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)  
March 2 1972  
(Month) (Date) (Year)  
City or Municipality Manila, Province

21. THIS CERTIFICATE IS PREPARED BY:  
SIGNATURE: Brigitte Aguilar  
NAME IN PRINT: BRIGITTE AGUILAR  
TITLE OR POSITION: Actg. Chief  
DATE: August 3, 1972

18-239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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