



Municipal Form No. 103 (Revised Dec. 1, 1968)

(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: MISAMIS OCCIDENTAL
 City or Municipality: OZAMIZ CITY

(a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 443 (R-83)

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE	<u>MISAMIS OCCIDENTAL</u>	a. PROVINCE	<u>MISAMIS OCCIDENTAL</u> 4260 W
b. CITY OR MUNICIPALITY	<u>OZAMIZ CITY</u>	b. CITY OR MUNICIPALITY	<u>OZAMIZ CITY</u> 4260 W
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	<u>S.M. LAO HOSPITAL</u>	c. NUMBER AND STREET	<u>RIZAL AVENUE, OZAMIZ CITY</u> 1
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. IS RESIDENCE INSIDE CITY LIMITS?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. IS RESIDENCE ON A FARM?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1

3. NAME (Type or print)		First	Middle	Last	
		<u>VALLEY</u>	<u>MAGNUBA</u>	<u>MENDOZA</u>	02
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET, WAS CHILD		6. DATE OF BIRTH	
<u>M</u>	<u>SINGLE</u> <input checked="" type="checkbox"/> <u>TWIN</u> <input type="checkbox"/> <u>TRIPLET</u> <input type="checkbox"/>	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	Month <u>2</u> Day <u>14</u> Year <u>83</u> <u>14</u>

7. NAME		RELIGION	8. NATIONALITY	8a. RACE
First	Middle	Last		
<u>LAMBERTO</u>	<u>CADILLA</u>	<u>MENDOZA</u>	<u>CATHOLIC</u>	<u>FIL.</u>
9. AGE (At time of this birth)		10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
Years <u>24</u>	<u>NUEVA ECIIJA</u>	<u>BUSINESSMAN</u>		1

12. MAIDEN NAME		RELIGION	13. NATIONALITY	13a. RACE
First	Middle	Last		
<u>ELMA</u>	<u>JULIANAN</u>	<u>MAGNUBA</u>	<u>CATHOLIC</u>	<u>FIL.</u>
14. AGE (At time of this birth)		15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)	
Years <u>24</u>	<u>SARAY DAKILA, MIS. OCC.</u>	<u>MARANGI</u>	a. How many children are now living?	b. How many other children were born alive but are now dead?
			<u>1</u>	<u>0</u>

17a. INFORMANT'S SIGNATURE:		c. How many fetal deaths (fetuses born dead any time after conception)?	
b. NAME IN PRINT: <u>ELMA MENDOZA</u>		<u>2</u>	
c. ADDRESS: <u>RIZAL AVENUE, OZAMIZ CITY</u>			

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
RIZAL AVENUE, OZAMIZ CITY

19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>8:15</u> o'clock <u>A</u> . M. on the date above indicated.		d. DATE SIGNED BY ATTENDANT AT BIRTH:
a. SIGNATURE: <u>[Signature]</u>	e. TITLE OF ATTENDANT AT BIRTH:	
b. NAME IN PRINT: <u>PALLITA O. ALMENDRAS</u>	<input checked="" type="checkbox"/> M. D. <input type="checkbox"/> MIDWIFE	
c. ADDRESS: <u>S.M. LAO HOSPITAL</u>	<input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify)	

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE: <u>[Signature]</u>	b. DATE WHEN GIVEN NAME WAS SUPPLIED:		
b. NAME IN PRINT: <u>FRANCISCO L. CAROLINA</u>			
c. TITLE OR POSITION: <u>Registrar</u>			
d. DATE: <u>Feb 24 1983</u>			

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. LEGITIMATE
<u>36</u> COMPLETED WEEKS.	<u>7</u> Lbs. <u>0</u> 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:	
Month <u>SEPTEMBER</u> Date <u>17, 1980</u>	City or Municipality <u>CLARIN</u> Province <u>MIS. OCC.</u>	SIGNATURE: <u>JOSE LIA PONCE ONGCOY</u>	
		NAME IN PRINT: _____	
		TITLE OR POSITION: <u>NURS.</u>	
		DATE: <u>2-14-83</u>	

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(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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BEST POSSIBLE IMAGE



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CLAIRE DENNIS S. MAPA, Ph. D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

