



Form No. 102
(1981)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Bukidnon LOCAL CIVIL REGISTRY NO. 90-0069
CITY/MUNICIPALITY Malaybaly

1. NAME (First) (Middle) (Last)
ANTHONY BRITZ Alanson Tabios

2. SEX (Place X on appropriate answer)
 1 Male 2 Female
DATE OF BIRTH (Day) (Month) (Year)
23 September 1990

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital give street / barangay) (City/Municipality) (Province)
Bethel Baptist Hospital, Inc. Malaybaly, Bukidnon

5. TYPE OF BIRTH (Place X on appropriate answer)
 1 Single 2 Twin 3 Three or more
6. IF MULTIPLE BIRTH, GIVE BIRTH ORDER
 1 First 2 Second 3 Third

5. MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
Ines Bacason Alenton Pilipino RC

9. NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
Buenasser Visitation Tabios Phil. RC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgement at the back)
Date September 2, 1990 Place Casisang, Malaybaly, Bukidnon

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 150 clock am/pm on the date stated above.
Signature: [Signature] Address: Bethel Baptist Hospital, Inc.
Name in print: RUTH PALERMO ASUNCION, MD Malaybaly, Bukidnon
Title or position: Attending Physician Date: 9/25/90

14. INFORMANT
Signature: [Signature] Address: Casisang, Malaybaly, Bukidnon
Name in print: INES A. TABIOS
Relationship to child: Mother Date: 9/25/90

15 a. PREPARED BY 16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature: [Signature] Signature: [Signature]
Name in print: ESTHER T. BUACTION Name in print: HENCILINO S. RONOLD
Title or position: Secretary Title or position: Local Civil Registrar
Date: 9/25/90 Date: September 25, 1990

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT (Important: Informing agency must provide information for items 17 thru 25. The code boxes are to be filled out in the Office of the Local Civil Registrar)
Local Civil Registry No. 015 2710 89 Registration Status 15 *

PROVINCE Bukidnon CITY/MUNICIPALITY Malaybaly

17. Weight at Birth (In grams) 3,160 18. Birth Order of Child (1st, 2nd, etc.) 1st

19a. Total Number of Children Born Alive 01 19b. How many children are now living including this birth? 01 19c. How many children were born alive but are now dead 00

20. Usual Occupation Housewife 21. Age at the time of this Birth (Years) (Months) (Days) 21 0 31

22. Usual Residence (Barangay) (City/Municipality) (Province) Casisang, Malaybaly, Bukidnon

23. Usual Occupation Farmer 24. Age at the time of this birth (Years) (Months) (Days) 26 0 43

25. Attendant at Birth (Place X on appropriate answer)
 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Others

Sex 44 45 Date of Birth 9/23/90 Place of Birth Malaybaly Mother's Nationality 46 47 Father's Nationality 48 49
NAME OF CHILD (First) (Last)
ANTHONY BRITZ ALANTON TABIOS

RESERVE FOR BINDING