



No. 102—(Revised Dec. 7, 1956)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

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

Register Number:

 Province: MANILA
 City or Municipality: MANILA

 (a) Civil Registrar-General No. 4407/100
 (b) Local Civil Registrar No. 4407/100

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>MANILA</u>		a. PROVINCE <u>SAMPALOC</u>	
b. CITY OR MUNICIPALITY <u>1556 Laong Laan, Sampaloc, Manila</u>		b. CITY OR MUNICIPALITY <u>MANILA</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>HOSPITAL of the INFANT JESUS</u>		c. <u>1357-B M. DE LA FUENTE</u>	
d. IS PLACE OF BIRTH INSIDE City Limits?		e. IS RESIDENCE INSIDE City?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
f. NAME (Type or print) <u>MARK LOUIE</u> First <u>FRAC</u> Middle <u>RAMOS</u> Last		g. IS RESIDENCE ON A FARM?	
h. SEX <u>MALE</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
i. THIS BIRTH <u>SINGLE</u> <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		j. IF TWIN OR TRIPLET, WAS CHILD	
1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		k. DATE OF BIRTH <u>NOVEMBER 17, 1982</u>	
l. NAME <u>MARIANO DEE</u> Middle <u>RAMOS</u> Last <u>RAMOS</u>		m. RELIGION <u>CATHOLIC</u>	
n. AGE (At time of this birth) <u>30</u> Years		o. NATIONALITY <u>FILIPINO</u>	
p. BIRTHPLACE <u>GUBAT, SORSOGON</u>		q. USUAL OCCUPATION <u>EMPLOYEE</u>	
r. USUAL RESIDENCE <u>1556 Laong Laan, Sampaloc, Manila</u>		s. KIND OF BUSINESS OR INDUSTRY	
t. MAIDEN NAME <u>ROSA</u> First <u>TAM</u> Middle <u>FRAC</u> Last <u>RAMOS</u>		u. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>120</u>	
v. AGE (At time of this birth) <u>28</u> Years		w. BIRTHPLACE <u>BULAN, SORSOGON</u>	
x. SIGNATURE <u>MARIANO DEE RAMOS</u>		y. How many children are now living? <u>0</u>	
z. NAME IN PRINT <u>1357-B M. DE LA FUENTE, SAMPALOC</u>		aa. How many other children were born alive but are now dead? <u>0</u>	
ab. ADDRESS <u>MANILA</u>		ac. How many fetal deaths (fetuses born dead any time after conception)? <u>0</u>	
ad. MOTHER'S ADDRESS: (Number, Street, City or Municipality, Province)		ae. ATTENDANT AT BIRTH <u>NOVEMBER 17, 1982</u>	
af. I hereby certify that I attended the birth of this child who was born		ag. SIGNATURE <u>MARY S. CAISIP</u>	
ah. NAME IN PRINT <u>MARY S. CAISIP</u>		ai. FIELD OF ATTENDANT AT BIRTH:	
aj. ADDRESS <u>1556 Laong Laan, Sampaloc, Manila</u>		<input type="checkbox"/> M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify)	
ak. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		al. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE: <u>DEC 1 1982</u> b. NAME IN PRINT: <u>DEC 1 1982</u> c. TITLE OR POSITION: <u>DEC 1 1982</u> d. DATE: <u>DEC 1 1982</u>		am. b. GIVEN NAME WHEN GIVEN NAME WAS SUPPLIED:	
an. 208 FERTILITY		ao. 225. WEIGHT @ BIRTH	
COMPLETED WEEKS		LBS. <u>9</u> OZ. <u>10</u>	
ap. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		aq. 23. LEGITIMATE	
<u>JANUARY 3, 1982</u>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(Month) <u>1982</u> (Year)		ar. 24. THIS CERTIFICATE IS PREPARED BY	
City or Municipality <u>MANILA</u> Province <u>MANILA</u>		SIGNATURE <u>OB-DR. STATE NURSE</u>	
as. 18-203		NAME IN PRINT <u>NOVEMBER 17, 1982</u>	
(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)		TITLE OR POSITION:	
		DATE:	

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BEST POSSIBLE IMAGE



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BReN

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CARMELITA N. ERICTA

 Administrator and Civil Registrar General
 National Statistics Office

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