



MUNICIPAL FORM NO. 102 - (Revised Dec. 1, 1958)

(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: Lanao del Norte
 City or Municipality: Iligan City

 Civil Registrar-General No. 5277-84
 Local Civil Registrar No. 5277-84

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. Province	<u>Lanao del Norte</u>	a. Province	<u>Lanao del Norte</u>
b. City or Municipality	<u>Iligan City</u>	b. City or Municipality	<u>Iligan City</u>
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. NUMBER AND STREET	
<u>Iligan City Hospital</u>		<u>Katipunan Tambo.,</u>	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS?		d. IS RESIDENCE INSIDE CITY LIMITS?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. IS RESIDENCE ON A FARM?	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME (Type or print)		First		Last	
		<u>MARK GIL</u>		<u>TORRES</u>	
4. SEX	5a. THIS BIRTH	5b. IS TWIN OR TRIPLE... WAS CHILD		6. DATE OF BIRTH	
<u>Male</u>	<u>Single</u>	<u>1st</u>		<u>Month May Day 6, Year 1984</u>	
7. NAME		RELIGION		8. NATIONALITY	
<u>Carlito Rosano Torres</u>		<u>R.C.</u>		<u>Phil.</u>	
9. AGE (At time of this birth)		10. BIRTHPLACE		11a. USUAL OCCUPATION	
<u>30</u>		<u>Asiotos, Negros Oriental</u>		<u>Laborer</u>	
12. MAIDEN NAME		RELIGION		13. NATIONALITY	
<u>Pablita Jorgula Tadlo</u>		<u>R.C.</u>		<u>Phil.</u>	
14. AGE (At time of this birth)		15. BIRTHPLACE		16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)	
<u>20</u>		<u>Matampay Balo-i, Lanao del Norte</u>		<u>none</u>	

17a. INFORMANT'S SIGNATURE		b. How many other children were born alive but are now dead?		c. How many foetal deaths fetus born dead some time after conception?	
a. NAME IN PRINT: <u>PABLITA T. TORRES</u>		<u>none</u>		<u>none</u>	
b. ADDRESS: <u>Katipunan Tambo, Iligan City</u>					

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)	
<u>Katipunan Tambo, Iligan City Lanao del Norte</u>	

19. (HEREBY CERTIFY that I attended the birth of the child who was born alive at <u>12:40</u> o'clock <u>A.</u> on the date above indicated.		d. DATE SIGNED BY ATTENDANT OF BIRTH:	
a. SIGNATURE: <u>Eduardo D. Quiro MD.</u>			
b. NAME IN PRINT: <u>Eduardo D. Quiro MD.</u>		e. TITLE OF ATTENDANT AT BIRTH:	
c. ADDRESS: <u>Pala-Gracia, Iligan City</u>		<u>MD.</u>	

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:	
a. SIGNATURE: <u>Tomás N. Duran</u>			
b. NAME IN PRINT: <u>Tomás N. Duran</u>		b. GIVEN NAME WAS SUPPLIED:	
c. TITLE OR POSITION: <u>Asst. LCR</u>			
d. DATE: <u>May 7, 1984</u>			

22. LENGTH OF PREGNANCY		23. LEGITIMATE	
<u>42</u> COMPLETED WEEKS		<u>Yes</u>	
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		25. THIS CERTIFICATE IS PREPARED BY:	
<u>July 11, 1982</u>		SIGNATURE: <u>SOEYLA C. DURAN</u>	
<u>Iligan City</u> Province: <u>Lanao del Norte</u>		NAME IN PRINT: <u>SOEYLA C. DURAN</u>	
		TITLE OF POSITION: <u>Med. Rec. Librarian</u>	
		DATE: <u>May 7, 1984</u>	

26. WEIGHT AT BIRTH		27. THIS CERTIFICATE IS PREPARED BY:	
<u>7</u> lbs.		SIGNATURE: <u>SOEYLA C. DURAN</u>	
		NAME IN PRINT: <u>SOEYLA C. DURAN</u>	
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Documentary
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 Carmelita N. ERICTA
 ADMINISTRATOR AND CIVIL REGISTRAR GENERAL
 NATIONAL STATISTICS OFFICE

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