



Municipal Form No 102
(Revised 1993)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

(Accomplished in triplicate)

PROVINCE <u>Quintana Roo</u>		LOCAL CIVIL REGISTRY NO. <u>1-50 (15-8)</u>	
CITY/MUNICIPALITY <u>San Felipe</u>			
1. NAME (First) (Middle) (Last)			
2. SEX (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (Day) (Month) (Year) <u>15</u> <u>05</u> <u>1985</u>	
4. PLACE OF BIRTH (Name of hospital/clinic; if not in hospital, give street/barangay) (City/Municipality) (Province)			
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Three or more		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third, 4th, etc.	
6. MAIDEN NAME (First) (Middle) (Last)		7. NATIONALITY <u>Philippine</u>	
9. NAME (First) (Middle) (Last)		10. NATIONALITY <u>Philippine</u>	
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)		11. RELIGION <u>None</u>	
13. CERTIFICATE OF ATTENDANT AT BIRTH I hereby certify that <u>Dr. P. Sanchez</u> attended the birth of the child who was born alive or <u>not</u> at the place and on the date stated above.			
Signature <u>Dr. P. Sanchez</u> Name in print <u>Dr. P. Sanchez</u> Title or position <u>Dr. P. Sanchez</u>		Address <u>San Felipe, Quintana Roo</u> Date <u>5/21/85</u>	
14. INFORMANT Signature <u>Dr. P. Sanchez</u> Name in print <u>Dr. P. Sanchez</u> Relationship to child <u>Father</u>			
Address <u>San Felipe, Quintana Roo</u> Date <u>5/21/85</u>			
15a. PREPARED BY Signature <u>Dr. P. Sanchez</u> Name in print <u>Dr. P. Sanchez</u> Title or position <u>Dr. P. Sanchez</u> Date <u>5/21/85</u>		15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR Signature <u>Pablo C. Sanchez</u> Name in print <u>PABLO C. SANCHEZ</u> Title or position <u>ADMINISTRATIVE OFFICER</u> Date <u>5/21/85</u>	
16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT		16b. DATE WHEN INFORMATION WAS SUPPLIED <u>5/21/85</u>	

Important: Informant should also provide information for items 17 to 25. This code boxes are to be filled out at the Office of the Local Civil Registrar

PROVINCE <u>Quintana Roo</u>		LOCAL CIVIL REGISTRY NO. <u>2750</u>		Registration Status <u>1</u>	
CITY/MUNICIPALITY <u>San Felipe</u>					
17. Weight of Birth (in grams) <u>3,770</u>		18. Birth Order of Child (1st, second, etc.) <u>First</u>			
19a. Total Number of Children Born Alive <u>0</u>		19b. How many children are now living including this birth? <u>0</u>		19c. How many children were born alive but are now dead? <u>0</u>	
20. Usual Occupation <u>None</u>		21. Age at the time of this birth <u>0</u>		22. Usual Residence (Barangay) (City/Municipality) (Province)	
23. Usual Occupation <u>None</u>		24. Age at the time of this birth <u>0</u>		25. Attendant at Birth (Place 'X' on appropriate answer) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other	
Sex <u>Male</u>		Date of Birth <u>15/05/85</u>		Place of Birth <u>San Felipe</u>	
Mother's Nationality <u>Philippine</u>		Father's Nationality <u>Philippine</u>		NAME OF CHILD First <u>PABLO</u> Middle <u>C</u> Last <u>SANCHEZ</u>	

02251-1A-733RJG-00099-B1001

BEST POSSIBLE IMAGE



1733022517330009903012006001

(06724-A85J05-5)

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

JC 400453870