



BUREAU FORM No. 101- (Revised Dec. 1, 1965)

(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: Ilocos Norte

(a) Civil Registrar-General No. _____

City or Municipality: Batac(b) Local Civil Registrar No. 236 (C-82)

1. PLACE OF BIRTH

a. PROVINCE: Ilocos Norteb. CITY OR MUNICIPALITY: Batacc. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): M. Marcos Mem. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE: Ilocos Surb. CITY OR MUNICIPALITY: San Estebanc. NAME AND STREET: #64 San Pablo

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Yes ☐ No ☐

d. IS RESIDENCE INSIDE CITY LIMITS?

Yes ☐ No ☐

e. IS RESIDENCE ON A FARM?

Yes ☐ No ☐

3. NAME (Type or print)

First WENDELL

Middle _____

Last CAMPANO

4. SEX

M. ☒ F. ☐SINGLE ☐ TWIN ☐ TRIPLET ☐

15. IF TWIN OR TRIPLET, WAS CHILD

1st ☐ 2nd ☐ 3rd ☐

5. DATE OF BIRTH

Month 3 Day 3 Year 82

7. NAME

First AlejandroMiddle M.Last CampanoRELIGION: FUND. BAPTIST8. NATIONALITY: FIL.9. RACE: BR.

9. AGE (At time of this birth)

Years: 27

10. BIRTHPLACE

Kabankalan, Negros, Occ.

11. USUAL OCCUPATION

Minister

12. KIND OF BUSINESS OR INDUSTRY

12. MAIDEN NAME

First GraceMiddle E.Last QuisquirinRELIGION: FUND. BAPTIST13. NATIONALITY: FIL.14. RACE: BR.

14. AGE (At time of this birth)

Years: 27

15. BIRTHPLACE

Titay, Zamboanga del Sur

16. PREVIOUS DELIVERIES TO MOTHER

(Do not include this birth)

0

17. INFORMANT'S SIGNATURE

a. NAME IN PRINT:

c. ADDRESS:

Grace CampanoGRACE CAMPANO

a. How many children are now living?

1

b. How many other children were born alive but are now dead?

0

c. How many fetal deaths (fetuses born dead any time after conception)?

0

18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province)

San Esteban, Ilocos Sur

19.

ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child, who was born at 2:00 o'clock PM on the date above indicated.

a. SIGNATURE:

b. NAME IN PRINT:

c. ADDRESS:

FELING C. SCHIVERRI, M.D.San Esteban, Ilocos Sur

d. DATE SIGNED BY ATTENDANT AT BIRTH:

e. TITLE OF ATTENDANT AT BIRTH:

D. O. M. D. ☐ M.D. ☐ NURSE ☐ OTHER (Specify): ☐

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE:

b. NAME IN PRINT:

c. TITLE OR POSITION:

d. DATE:

3-12-82

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22. LENGTH OF PREGNANCY

COMPLETED WEEKS: _____

23. WEIGHT AT BIRTH

6 lbs. 3 oz.

24. LEGITIMATE

☒ YES ☐ NO

25. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

Month: MayDay: 7Year: 1981City or Municipality: Cudzon City

Province: _____

26. CERTIFICATE IS PREPARED BY:

a. NAME IN PRINT:

b. TITLE OR POSITION:

c. ADDRESS:

THELMA AGANUSMidwife

15-239

(SPACE FOR MEDICAL AND HEALTH USE FOR SPECIAL PURPOSES)

0370

03763-6H-003RCI-02914-BI002

BEST POSSIBLE IMAGE



T003037630030291404212010002

BG600181057

BR&N

02805-A82E302-0

Documentary
Stamp Tax Paid

CARMELITA N. ERICA

Administrator and Civil Registrar General
National Statistics Office