Municipal Form No. 165A. (To be accomplished in quadruplicate) (Revised January 1993)					HAI	REMARKS ANNOTATION		
Republic of the Philippines								
CERTIFICATE OF FETAL DEATH								
	(Fill aut completely Place II before the appropriate on			th and (SS)				
Presince Registry No.								
-	1. NAME OF FETUS (FIN) (644	Mile)	(1.666)	\neg	TO BE PILLED UP AT THE OFFICE OF THE CIVIL		
l_	(Highwen)					REGISTRAR		
F	2. SEX 3. DATE OF DELIVERY (stay) (month) (year)				(year)	2		
T	1. Uniquestical				[
8	PLACE OF Plane of Hospital Christines (CityMunicipality) (Province) DELIVERY House No., Street, Bossegalo					9		
	So TYPE OF DELIVERY S. IF MULTIPUE DELIVERY, PETUR WAR					-		
	1 Single 2 Tain1 First2 Second2 Second2 Second				e l	_		
Г	4. METHOD OF BELIVERY	4. BIRTH C	TH OPDER CONTRACTOR OF STREET			10 11		
	2 Other (specify)		(fine, second, third, etc.) OF FETUS					
M O	IL MAIDEN (Fine)	(Ministry	idala) (Leni)			17		
T	Y. OTRZENSKIP & REDISION	R OCCUPATION	13. Age -	E the Chardelessor				
H		of Children and	Lo No of Other		1000			
R	ahildren bern IVV		bort office t	W)	l l	22		
	12. RESIDENCE Please No Street Bearings (CityMonistrativ) (Province)				_	_		
						23 24 26		
Ĭ.	13. NAME (FIN) (MAIN) (LMC)				[.			
Ť	14. CITOTRIBURY 15. RELICION 16. OCCUPATION 17. Assession					30 31 32 35		
I ii	firm a first abdracy				[[
18. DATE AND PLACE OF MARRIAGE OF PARENTS (Fapplicable)					Commo.			
MEDICAL CERTIFICATE					 li	27 29 41		
18. CAUSES OF FETAL DEATH								
s. Main-discoss/condition of fatus b. Other diseases/ponditions of fatus						43		
c. Other maternal disconsinondrice effecting fetus di Other maternal disconsinondrice effecting fetus								
a. Other relevant stroumstances 20. FETUS DIED: 1 televo Labor 2 During laboratoriesy 3 Unknown.					ECONO.	40 49 50 53		
21. LENGTH OF PREGNANCY: corporate Weets 20a. ATTENDANT: 1 Provision: 2 Name: 2 Minholts: 5 Hist (Traditional Milesto):								
	SSte. ATTENDANT: 1 Projection 2 Norms 2 Material in Horse 1 Notational Inflational Inflational State 5 Others (Specify) 0 10 Norms 200. CBIRTH-CATION					MA.		
	Tigrature PENEWED BY:					56		
	Title or Footbox	_	Signature over protect reason of Health Others					
	Address					60		
	Dole							
			REMATION PERMIT 28. AUTOPRA			44		
					122	-		
		TO CHESTON	P. C.					
	DESCRIPTION AND THE PROPERTY AND THE PRO					65		
	PARAMETER STATES VIII. PRESENTED BY		29. RECEIVED AT THE OFFICE OF					
Service			THE CIVE. REGISTRAN			67		
	Name in Print Name of Printed Co.				lr lr			
		_			- 15			