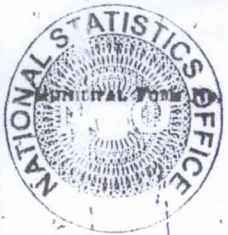


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102—(Revised Dec. 1, 1960)

(TO BE ACCOMPLISHED IN DUPLICATE)

## REPUBLIC OF THE PHILIPPINES

## CERTIFICATE OF LIVE BIRTH

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

Province: CaviteCity or Municipality: Imus

Registrar Number:

(a) Civil Registrar-General No. 2169(b) Local Civil Registrar No. 2109

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. PROVINCE <u>Cavite</u>	a. PROVINCE <u>Cavite</u>
b. CITY OR MUNICIPALITY <u>Imus</u>	b. CITY OR MUNICIPALITY <u>Imus</u>
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Malagasang 1st</u>	c. NUMBER AND STREET <u>Malagasang 1st</u>
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?	d. IS RESIDENCE INSIDE CITY?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. IS RESIDENCE ON A FARM?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME (Type or Print)	First	Middle	Last
<u>SUEL</u>	<u>JARIN</u>	<u>NAUTISTA</u>	
4. SEX	5. IS TWIN OR TRIPLET? WAS CHILD	6. DATE OF BIRTH	
<u>Male</u>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Month <u>Mar</u> Day <u>27</u> Year <u>1977</u>	

7. NAME (Type or Print)	First	Middle	Last
<u>Apelante Villanueva</u>	<u>Bautista</u>	<u>R.</u>	<u>Catholic</u>
8. NATIONALITY	9. RELIGION	10. BIRTHPLACE	
<u>Phil.</u>	<u>Catholic</u>	<u>Malagasang, Imus, Cavite</u>	
11. USUAL OCCUPATION	12. KIND OF BUSINESS OR INDUSTRY		

13. NAME (Type or Print)	First	Middle	Last
<u>Erleen Squilayan</u>	<u>Jaria</u>	<u>R.</u>	<u>Catholic</u>
14. NATIONALITY	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER	
<u>Phil.</u>	<u>Malagasang, Imus, Cavite</u>	(Do not include stillbirths)	
17. INFORMANT'S SIGNATURE	18. ADDRESS	19. DATE SIGNED BY ATTENDANT AT BIRTH	
<u>Erleen J. Bautista</u>	<u>Malagasang 1st, Imus, Cavite</u>	<u>10:25</u>	

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:	21. DATE WHEN COPY NAME WAS SUPPLIED
a. SIGNATURE: <u>Ray G. Dominguez</u>	
b. NAME IN PRINT: <u>Ray G. Dominguez</u>	
c. TITLE OR POSITION: <u>Local Civil Registrar</u>	
d. DATE: <u>Mar. 28, 1977</u>	

22. LENGTH OF PREGNANCY	23. WEIGHT AT BIRTH	24. LENGTH OF PREGNANCY
COMPLETED WEEKS	Lbs. Oz.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

25. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)	26. THIS CERTIFICATE
Month <u>January</u> Day <u>22</u> Year <u>1961</u>	SIGNATURE: <u>Ray G. Dominguez</u>
(Month) <u>Imus</u> (Date) <u>Cavite</u>	NAME IN PRINT: <u>Ray G. Dominguez</u>
City or Municipality <u>Imus</u> Province <u>Cavite</u>	TITLE OR POSITION: <u>Local Civil Registrar</u>
	DATE: <u>Mar. 27, 1977</u>

27. DATE AND PLACE OF MARRIAGE OF PARENTS (For illegitimate birth)	28. THIS CERTIFICATE
Month <u>January</u> Day <u>22</u> Year <u>1961</u>	SIGNATURE: <u>Ray G. Dominguez</u>
(Month) <u>Imus</u> (Date) <u>Cavite</u>	NAME IN PRINT: <u>Ray G. Dominguez</u>
City or Municipality <u>Imus</u> Province <u>Cavite</u>	TITLE OR POSITION: <u>Local Civil Registrar</u>
	DATE: <u>Mar. 27, 1977</u>

29. DATE AND PLACE OF MARRIAGE OF PARENTS (For illegitimate birth)	30. THIS CERTIFICATE
Month <u>January</u> Day <u>22</u> Year <u>1961</u>	SIGNATURE: <u>Ray G. Dominguez</u>
(Month) <u>Imus</u> (Date) <u>Cavite</u>	NAME IN PRINT: <u>Ray G. Dominguez</u>
City or Municipality <u>Imus</u> Province <u>Cavite</u>	TITLE OR POSITION: <u>Local Civil Registrar</u>
	DATE: <u>Mar. 27, 1977</u>

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(SPACE FOR MEDICAL AND HEALTH NOTES FOR SPECIAL PURPOSES)

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