



MUNICIPAL FORM No. 127 (Revised Dec. 7, 1968)

(TO BE ACCOMPANIED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

## CERTIFICATE OF LIVE BIRTH

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

Register Number:

 Province: Isabela  
 City or Municipality: Divulcan

 (a) Civil Registrar-General No. \_\_\_\_\_  
 (b) Local Civil Registrar No. 29

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>Isabela</u>		a. PROVINCE <u>Isabela</u>	
b. CITY OR MUNICIPALITY <u>Divulcan</u>		b. CITY OR MUNICIPALITY <u>Divulcan</u>	
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. NUMBER AND STREET	
4. IS PLACE OF BIRTH INSIDE CITY LIMITS?		d. IS RESIDENCE INSIDE CITY LIMITS?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. NAME (Type of print) First Middle Last		e. IS RESIDENCE ON A FARM?	
CHILD <u>Nely Pascua Singua</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6. SEX <u>F</u>	7. THIS BIRTH <u>SINGLE</u>	8. IF TWIN OR TRIPLET, WAS CHILD <u>1ST</u>	9. DATE OF BIRTH
	TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Month <u>Sept</u> Day <u>16</u> Year <u>1971</u>
10. NAME (Type of print) First Middle Last		11. RELIGION	
FATHER <u>Jose Singua</u>		<u>R-Catholic</u>	
12. AGE (At time of this birth) <u>33</u> Years		13. NATIONALITY <u>Filipino</u>	
14. BIRTHPLACE <u>San Manuel, Pang.</u>		15. RACE <u>Brown</u>	
16. MAIDEN NAME First Middle Last		17. USUAL OCCUPATION	
MOTHER <u>Pauline Pascua</u>		<u>Farmer</u>	
18. AGE (At time of this birth) <u>21</u> Years		19. KIND OF BUSINESS OR INDUSTRY	
20. BIRTHPLACE <u>San Manuel, Pang.</u>		<u>Farming</u>	
21. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>7</u>		22. HOW MANY CHILDREN ARE NOW LIVING? <u>7</u>	
23. HOW MANY ABORTIONS WERE NOW LIVING? <u>None</u>		24. HOW MANY TOTAL DEATHS (Stillborn, born dead, any time after conception)? <u>None</u>	
25. INFORMANT'S SIGNATURE <u>Jose Singua</u>			
26. NAME IN PRINT <u>Jose Singua</u>			
27. ADDRESS <u>Divulcan, Isabela</u>			
28. MOTHER'S MARRIAGE ADDRESS (Municipality, Province) <u>Divulcan, Isabela</u>			
29. ATTENDANT AT BIRTH			
I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>9</u> o'clock <u>M.</u> on the date above indicated.			
30. SIGNATURE <u>Jose Singua</u>			
31. NAME IN PRINT <u>Jose Singua</u>			
32. ADDRESS <u>Divulcan, Isabela</u>			
33. RECEIVED IN THIS OFFICE OF THE LOCAL CIVIL REGISTRAR BY:			
34. SIGNATURE <u>Tom as Yinaras</u>			
35. NAME IN PRINT <u>Civil Local Registrar</u>			
36. DATE <u>Feb. 19, 1972</u>			
37. LENGTH OF PREGNANCY <u>Completed Weeks</u>			
38. WEIGHT AT BIRTH <u>2.5</u> Kg.			
39. LENGTH <u>50</u> Cm.			
40. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) <u>1968</u>			
41. CITY OR MUNICIPALITY <u>Palanan</u> Province <u>Isabela</u>			
42. THIS CERTIFICATE IS VALID FOR <u>1</u> Year			
43. SIGNATURE <u>Tom as Yinaras</u>			
44. NAME IN PRINT <u>Civil Local Registrar</u>			
45. DATE <u>Feb. 19, 1972</u>			

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IMPACT FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

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BEST POSSIBLE IMAGE



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Documentary  
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 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority




