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PHILIPPINE STATISTICS AUTHORITY

Adm. Form No. 102

CERTIFICATE OF LIVE BIRTH

(To be accomplished in Duplicate)
(a) Civil Registrar General No. 6357
(b) Local Civil Registrar No.

Province: Laguna
City or Municipality: Calamba

1. Place of Birth
a. Province: Laguna
b. City, Town, or Location: Calamba
c. Name of Hospital or Institution (If not in hospital, give street address): Camp Vicente Lim Canlubang
d. Place of Birth inside City Limits; Yes No

2. Usual Residence of Mother (Where does mother live;
a. Province: Laguna
b. City, Town, or Location: Calamba c. Street
d. Date and Place of Marriage (for legitimate birth): May 15, 1955 Tiaong, Quezon
e. Is Residence Inside City Limits? Yes No
f. Is Residence on a Farm? Yes No

3. Name (Type or print) First: JOVITA Middle: FORTANILLA Last: CALAFORA

4. Sex: Female
5a. This Birth: Single Twin Triplet
5b. If Twin or Triplet, was child: 1st. 2nd 3rd
6. Date of Birth: Month Date Year March 26, 1956

FATHER

7. Name First: RAYMUNDO Middle: FELIAS Last: CALAFORA
8. Nationality: Filipino
8a. Race: Brown
9. Age (it time of this birth) Years: 29
10. Birth Place: Lusban, Quezon
11. Usual Occupation: Soldier
11b. Kind of Business or Industry: 0 0 1

MOTHER

11. Maiden Name First: MARCELINA Middle: MACARAIG Last: FORTANILLA
13. Nationality: Filipino
13a. Race: Brown
14. Age (At time of this birth Years: 24
15. Birth Place: Tiaong, Quezon
16. Previous Deliveries to Mother (Do not Include this Birth): 3
a. How many other children are now living? 4
b. How many other children were born alive but are now dead: 0
How many fetal deaths fetuses born dead at any time after conception?

17a. Informant Signature:
b. Name In Print: RAYMUNDO CALAFORA
c. Address: Camp Vicente Lim, Canlubang, Cal. Lag.

18. Mother's Mailing Address: Camp Vicente Lim, Canlubang, Cal. Lag.

I hereby certify that this child was born alive on the date stated above.
7-29-56
18a. Signature
b. Name In Print
18b. Address
18c. Attendant of Birth: Registered M.D. Midwife Other
Date Signed

19. Date Received by Local Civil Registrar: April 16, 1962
20. Registrar's Signature
Name In Print
Position: Local C.
21 Date on Which Given

1290

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BEST POSSIBLE IMAGE

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician