



MUNICIPAL FORM NO. 102 (Revised Dec. 1, 1958)

(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

(a) Civil Registrar-General No.

City or Municipality: ... San Manuel

(b) Local Civil Registrar No. ... 71/4-83 ...

1. PLACE OF BIRTH				2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. PROVINCE <u>Isabela</u>				a. PROVINCE <u>Isabela</u> <u>31300</u>			
b. CITY OR MUNICIPALITY <u>San Manuel</u>				b. CITY OR MUNICIPALITY <u>San Manuel</u> <u>31300</u>			
c. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) <u>Eden</u>				c. NUMBER AND STREET <u>Eden</u> <u>2</u>			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				d. IS RESIDENCE INSIDE CITY LIMITS 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>Eden</u> <u>Nebre</u> <u>01</u>							
4. SEX <u>female</u>		5a. THIS BIRTH <u>X</u> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH <u>Jan</u> <u>26</u> <u>1983</u> <u>26</u>	
7. NAME First Middle Last <u>Edgardo</u> <u>Nebre</u>		8. NATIONALITY <u>Philippine</u>		9a. RACE <u>brown</u> <u>52</u>			
9. AGE (At time of this birth) <u>30</u> YEARS		10. BIRTHPLACE <u>Eden, San Manuel, Isabela</u>		11a. USUAL OCCUPATION <u>farmer</u>		11b. KIND OF BUSINESS INDUSTRY <u>rice land</u> <u>1</u>	
12. MAIDEN NAME First Middle Last <u>Virginia</u> <u>Velasco</u>		13. NATIONALITY <u>Philippine</u>		13a. RACE <u>brown</u> <u>30</u>			
14. AGE (At time of this birth) <u>27</u> Years		15. BIRTHPLACE <u>Eden, San Manuel, Isabela</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>2</u> <u>611</u>			
17a. INFORMANT'S SIGNATURE		17b. NAME IN PRINT: <u>EDGARDO NEBRE</u>		17c. ADDRESS: <u>Eden, San Manuel, Isabela</u>		17d. DATE: <u>2</u>	
18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province) <u>Eden, San Manuel, Isabela</u> <u>21</u>							
19. ATTENDANT AT BIRTH							
I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>8</u> o'clock <u>PM</u> on the date above indicated				d. DATE SIGNED BY ATTENDANT AT BIRTH: <u>3</u>			
a. SIGNATURE: <u>Edgardo Nebre</u>				e. TITLE OF ATTENDANT AT BIRTH: <u>3</u>			
b. NAME IN PRINT: <u>EDGARDO NEBRE</u>				<input type="checkbox"/> M. D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> NURSE <input type="checkbox"/> OTHERS (Specify) <u>3</u>			
c. ADDRESS: <u>Eden, San Manuel, Isabela</u>				21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: <u>4</u>			
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: <u>Edgardo Nebre</u>				b. DATE WHEN GIVEN NAME WAS SUPPLIED: <u>94</u>			
a. SIGNATURE: <u>Edgardo Nebre</u>							
b. NAME IN PRINT: <u>EDGARDO NEBRE</u>							
c. TITLE OR POSITION: <u>Local Civil Registrar</u>							
d. DATE: <u>2</u>							
22c. LENGTH OF PREGNANCY <u>37</u> COMPLETED WEEKS		22b. WEIGHT AT BIRTH <u>7</u> LBS. <u>02</u> OZ.		23. LEGITIMATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>99</u>			
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) <u>March</u> <u>1977</u> <u>San Manuel, Isabela</u>				25. THIS CERTIFICATE IS PREPARED BY: <u>1</u>			
				SIGNATURE: <u>Edgardo Nebre</u>			
				NAME IN PRINT: <u>EDGARDO NEBRE</u>			
				TITLE OR POSITION: <u>Local Civil Registrar</u>			
				DATE: <u>2</u>			

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

3700

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BEST POSSIBLE IMAGE



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Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority