Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: LEYTE
City/Municipality: CITY OF BAYBAY

Registry No.: 2024 - 1478

CHILD

1. NAME (First): AIAHNNA JOY (Middle): VERUEN (Last): IMPAS
2. SEX (Male / Female): FEMALE
3. DATE OF BIRTH (Day): 12 (Month): AUGUST (Year): 2024
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay): BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL (City/Municipality): CITY OF BAYBAY (Province): LEYTE
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.): SINGLE
5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.): NOT APPLICABLE
5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.): SECOND
6. WEIGHT AT BIRTH: 3150 grams

MOTHER

7. MAIDEN NAME (First): CEL-ANN JOY (Middle): BANOSON (Last): VERUEN
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 02
10b. No. of children still living including this birth: 02
10c. No. of children born alive but are now dead: 00
11. OCCUPATION: HOUSEWIFE
12. AGE at the time of this birth (completed years): 31
13. RESIDENCE (House No., St., Barangay): BRGY. SALVACION (City/Municipality): BASEY (Province): SAMAR (WESTERN SAMAR) (Country): PHILIPPINES

FATHER

14. NAME (First): VIC ANGELO (Middle): LABIAL (Last): IMPAS
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: INSTRUCTOR
18. AGE at the time of this birth (completed years): 30
19. RESIDENCE (House No., St., Barangay): BRGY. SALVACION (City/Municipality): BASEY (Province): SAMAR (WESTERN SAMAR) (Country): PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year): FEBRUARY 23, 2021
20b. PLACE (City / Municipality): BASEY (Province): SAMAR (WESTERN SAMAR) (Country): PHILIPPINES

21a. ATTENDANT

X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Birth Attendant) ___ 5 Others (Specify) ___

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at 12:09 AM am/pm on the date of birth specified above.

Signature
Name in Print: RUSSEL GERRY F. DEJARME, M.D.
Title or Position: MEDICAL OFFICER III
Address: B.C.I.C.H., BAYBAY CITY, LEYTE
Date: AUGUST 12, 2024

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature
Name in Print: VIC ANGELO L. IMPAS
Relationship to the Child: FATHER
Address: BRGY. SALVACION, BASEY, SAMAR
Date: AUGUST 12, 2024

23. PREPARED BY

Signature
Name in Print: LIEZL D. FERNANDEZ
Title or Position: ADMINISTRATIVE AIDE-I
Date: AUGUST 12, 2024

24. RECEIVED BY

Signature
Name in Print: TERESITA MUÑEZ CARTON
Title or Position: Administrative Officer II
Date: AUG 21 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print: NOEL V. MANAGBANAG
Title or Position: CITY CIVIL REGISTRAR
Date: AUG 22 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CERTIFIED PHOTOCOPY
NOEL V. MANAGBANAG
City Civil Registrar

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19
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OFFICIAL RECEIPT

Republic of the Philippines
OFFICE OF THE CITY TREASURER
City of Baybay

Accountable Form No. 51 Revised August 1994	**ORIGINAL**
DATE 8/16/2024	**Nº BC 0286287**

PAYOR	FUND
IMPAS, CEL-ANN JOY	

NATURE OF COLLECTION	ACCOUNT CODE	AMOUNT
~~Certification of Birth~~		~~₱ 50.00~~
		₱ 50.00

AMOUNT IN WORDS
FIFTY PESOS ONLY

☑ Cash ☐ Check ☐ Money Order	DRAWEE BANK	NUMBER	DATE

Received the amount stated above

ALBERTA BUENA A. MANATAD
~~CITY TREASURER~~
City Treasurer

NOTE: Write the number and date of this receipt on the back of check or money order received.

CERTIFIED PHOTOCOPY
NOEL V. MANAGBANAG
City Civil Registrar