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 - 2028

CHILD

1. NAME (First)	(Middle)	(Last)
AZARIAH NIEL	ESCALA	CATIBO

2. SEX (Male / Female)	3. DATE OF BIRTH (Day)	(Month)	(Year)
MALE	04	DECEMBER	2024

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)	(City/Municipality)	(Province)
BAYBAY FAMILY CARE AND MATERNITY CLINIC	CITY OF BAYBAY	LEYTE

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
SINGLE	NOT APPLICABLE	SECOND	3100 grams

MOTHER

7. MAIDEN NAME (First)	(Middle)	(Last)
NELLY JUN	SIMPRON	ESCALA

8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT
FILIPINO	BORN AGAIN CHRISTIAN

10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE at the time of this birth (completed years)
2	2	0	HOUSEWIFE	32

13. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BRGY. JAENA	CITY OF BAYBAY	LEYTE	PHILIPPINES

FATHER

14. NAME (First)	(Middle)	(Last)
DANIEL	ACEDILLA	CATIBO

15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
FILIPINO	BORN AGAIN CHRISTIAN	TEACHER	26

19. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BRGY. JAENA	CITY OF BAYBAY	LEYTE	PHILIPPINES

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

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality)	(Province)	(Country)
FEBRUARY 3, 2021	CITY OF BAYBAY	LEYTE	PHILIPPINES

21a. ATTENDANT

___ 1 Physician ___ 2 Nurse X 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 02:30 PM am/pm on the date of birth specified above

Signature: [signature]
Name in Print: BERNARDITA G. CHAVEZ BSM, RM
Title or Position: MIDWIFE
Address: 24 A. BONIFACIO ST. ZONE 1, CITY OF BAYBAY, LEYTE
Date: DECEMBER 4, 2024

22. CERTIFICATION OF INFORMANT

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

Signature: [signature]
Name in Print: DANIEL A. CATIBO
Relationship to the Child: FATHER
Address: BRGY. JAENA, CITY OF BAYBAY, LEYTE
Date: DECEMBER 4, 2024

23. PREPARED BY

Signature: [signature]
Name in Print: EFREN B. CHAVEZ
Title or Position: CLERK
Date: DECEMBER 4, 2024

24. RECEIVED BY

Signature: [signature]
Name in Print: MONA LIZA P. MASCARIÑAS
Title or Position: Administrative Assistant I
Date: DEC 05 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: TERESITA MUÑEZ-CARTON
Title or Position: Administrative Officer II
Date: DEC 05 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

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