

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 <b>CERTIFICATE OF LIVE BIRTH</b>			
Province <b>LEYTE</b>		Registry No. <b>7023-1706</b>	
City/Municipality <b>CITY OF BAYBAY</b>			
CHILD	1. NAME (First) (Middle) (Last) <b>WIM ZACHARIAH AMOTO CORTES</b>		
	2. SEX (Male / Female) <b>MALE</b> 3. DATE OF BIRTH (Day) (Month) (Year) <b>16 SEPTEMBER 2023</b>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>GREEN GOLD MIRABEL MEDICAL CLINIC AND ALLIED SERVICE CITY OF BAYBAY LEYTE</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b> 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b> 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b> 6. WEIGHT AT BIRTH <b>2585</b> grams		
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>MARJORIE GOSON AMOTO</b>		
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>BAPTIST</b>
	10a. Total number of children born alive <b>01</b>	10b. No. of children still living including this birth <b>01</b>	10c. No. of children born alive but are now dead <b>00</b>
	11. OCCUPATION <b>GOVERNMENT EMPLOYED</b>		12. AGE at the time of this birth (completed years) <b>29</b>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BRGY. GABAS CITY OF BAYBAY LEYTE PHILIPPINES</b>		
FATHER	14. NAME (First) (Middle) (Last) <b>ANDY PHIL DUATIN CORTES</b>		
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>BAPTIST</b>
	17. OCCUPATION <b>GOVERNMENT EMPLOYED</b>		18. AGE at the time of this birth (completed years) <b>29</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BRGY. GABAS CITY OF BAYBAY LEYTE PHILIPPINES</b>		
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <b>JUN 25 2022</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>CITY OF BAYBAY LEYTE PHILIPPINES</b>	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 <b>12:44 PM</b> am/pm on the date of birth specified above.			
Signature _____ Name in Print <b>DR. REGINA C. FULVADORA</b> Title or Position <b>OBSTETRICIAN/GYNECOLOGIST</b>		Address <b>GREEN GOLD MIRABEL MEDICAL CLINIC AND ALLIED SERVICE, 17 TRES MARTIRES ST. BAYBAY CITY, LEYTE</b> Date <b>SEP 16 2023</b>	
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 <b>MARJORIE A. CORTES</b> Relationship to the Child <b>MOTHER</b> Address <b>BRGY. GABAS BAYBAY CITY LEYTE</b> Date <b>SEP 17 2023</b>		23. PREPARED BY Signature _____ Name in Print <b>TIFFANY DIANNE E. CASTAÑAS RN, RM</b> Title or Position <b>CLERK IN-CHARGE</b> Date <b>SEP 17 2023</b>	
24. RECEIVED BY Signature _____ Name in Print <b>ROLITAA ANDRES</b> Title or Position <b>Registration Officer II</b> Date <b>21 SEP 2023</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <b>TERESITA MUÑEZ-CARTON</b> Title or Position <b>Administrative Officer II</b> Date <b>SEP 21 2023</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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