


OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province LEYTE		Registry No. 	
City/Municipality ORMOC CITY		(Middle) (Last)	
CHILD	1. NAME (First) (Middle) (Last) ZIV AQIL ELEGIO BURLAS		(Year)
	2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) (Month) (Year) 31 MARCH 2023
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) OSPA - FARMERS' MEDICAL CENTER, BRGY. CAN-ADIENG, ORMOC CITY, LEYTE		5. BIRTH ORDER (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) THIRD
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE
	6. WEIGHT AT BIRTH 2800 gram		
	7. MAIDEN NAME (First) (Middle) (Last) MAY JAY ESGUERRA ELEGIO		8. CITIZENSHIP FILIPINO
MOTHER	9. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN		10a. Total number of children born alive 3
	10b. No. of children still living including this birth 2		10c. No. of children born alive but are now dead 1
	11. OCCUPATION AREA DEVELOPMENT		12. AGE at the time of birth (completed years) 39
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO AHAG, PUROK I, BRGY. CAN-UNTOG, ORMOC CITY, LEYTE, PHILIPPINES		
FATHER	14. NAME (First) (Middle) (Last) MARLON GARANDE BURLAS		15. CITIZENSHIP FILIPINO
	16. RELIGION/RELIGIOUS SECT BORN AGAIN CHRISTIAN		17. OCCUPATION MAINTENANCE HEAD
	18. AGE at the time of birth (completed years) 40		19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) SITIO AHAG, PUROK I, BRGY. CAN-UNTOG, ORMOC CITY, LEYTE, PHILIPPINES

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

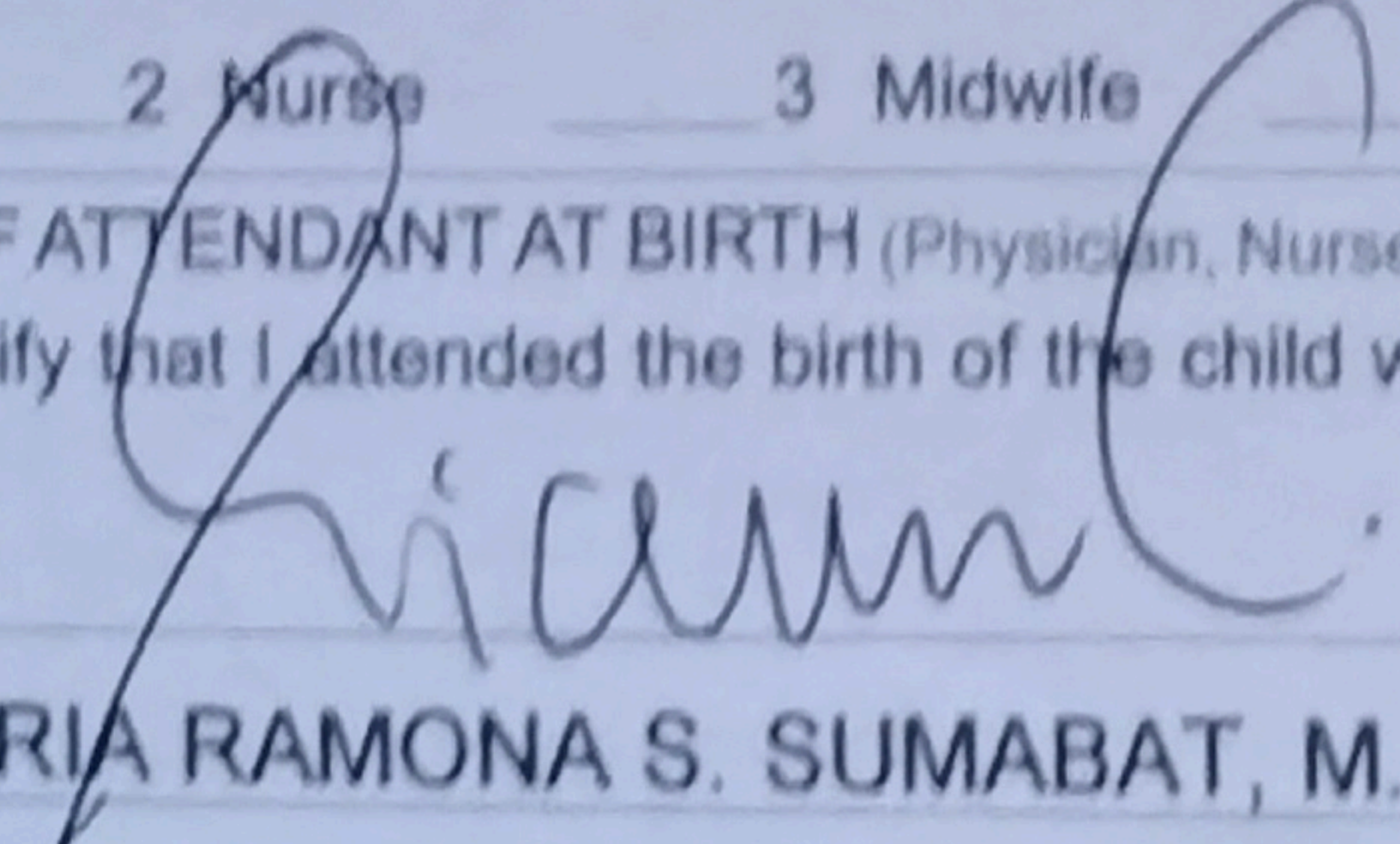
20a. DATE (Month) (Day) (Year) July 17, 2017	20b. PLACE (City / Municipality) (Province) (Country) ORMOC CITY, LEYTE, PHILIPPINES
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21a. ATTENDANT

☒ 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 **06:43 A.M.** am/pm on the date of birth specified at

Signature 
Name in Print **MARIA RAMONA S. SUMABAT, M.D.**
Title or Position **OB-GYNE**

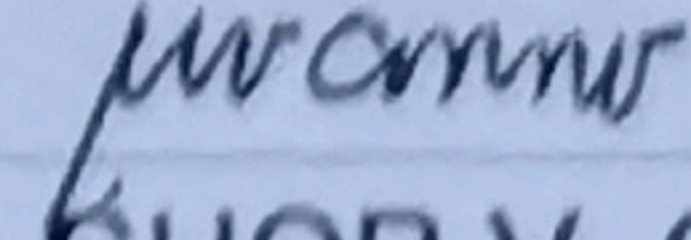
Address **ORMOC CITY**
LEYTE, PHILIPPINES
Date **April 1, 2023**

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 **MARLON G. BURLAS**
Relationship to the Child **FATHER**
Address **BRGY. CAN-UNTOG, ORMOC CITY, LEYTE**
Date **April 1, 2023**

23. PREPARED BY

Signature 
Name in Print **MELCHOR V. CORRO**
Title or Position **MEDICAL RECORDS CLERK**
Date **April 1, 2023**

24. RECEIVED BY

Signature
Name in Print
Title or Position
Date

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature
Name in Print
Title or Position
Date