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 ORMOC CITY

Registry No. [redacted]

CHILD

1. NAME (First)	(Middle)	(Last)
ZIV AQIL	ELEGIO	BURLAS

2. SEX (Male / Female)	3. DATE OF BIRTH (Day)	(Month)	(Year)
MALE	31	MARCH	2023

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province): OSPA - FARMERS' MEDICAL CENTER, BRGY. CAN-ADIENG, ORMOC CITY, 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	THIRD	2600 grams

MOTHER

7. MAIDEN NAME (First)	(Middle)	(Last)
MAY JAY	ESGUERRA	ELEGIO

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)
3	2	1	AREA DEVELOPMENT	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	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
FILIPINO	BORN AGAIN CHRISTIAN	MAINTENANCE HEAD	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)	20b. PLACE (City / Municipality) (Province) (Country)
July 17, 2017	ORMOC CITY, LEYTE, 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 06:43 A.M. am/pm on the date of birth specified above.

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 ROSENDA M. MATA

Title or Position Admin Aide 1

Date 12 APR 2023

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature

Name in Print MAKABAYAN R. FIEL

Title or Position Registration Officer I, City Civil Registrar's Office

Date 12 APR 2023

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

OFFICE OF THE CITY CIVIL REGISTRAR
ORMOC CITY
CERTIFIED TRUE COPY
MAKABAYAN R. FIEL
Registration Officer I

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

8	9	11	13	15	16	17	19
					MAY	23 2023	