

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province LEYTE		Registry No. 2023-1294			
City/Municipality ORMOC CITY					
CHILD	1. NAME (First) MA. GABRIELA (Middle) UBAY (Last) DELA PEÑA				
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 2 (Month) MARCH (Year) 2023			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) OSPA-FARMERS MEDICAL CENTER, BRGY. CAN-ADIENG, ORMOC CITY, LEYTE (City/Municipality) (Province)				
	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.) FIRST	6. WEIGHT AT BIRTH 3000 grams	
MOTHER	7. MAIDEN NAME (First) MARIANE (Middle) BATING (Last) UBAY				
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION GOVERNMENT EMPLOYEE	12. AGE at the time of this birth (completed years) 27
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. MARGEN, ORMOC CITY, LEYTE, PHILIPPINES				
FATHER	14. NAME (First) WENCES REY (Middle) BASILAD (Last) DELA PEÑA				
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION GOVERNMENT EMPLOYEE	18. AGE at the time of this birth (completed years) 32	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. MARGEN, 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) April 23, 2022		20b. PLACE (City / Municipality) (Province) (Country) ORMOC CITY, LEYTE, PHILIPPINES			
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 11:24 P.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 March 3, 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 MARIANE U. DELA PEÑA Relationship to the Child MOTHER Address BRGY. MARGEN, ORMOC CITY Date March 3, 2023		23. PREPARED BY Signature _____ Name in Print MELCHOR V. CORRO Title or Position MEDICAL RECORDS CLERK Date March 3, 2023			
24. RECEIVED BY Signature _____ Name in Print ARACELE B. GALLARDO Title or Position Admin Aide (J.O.) Date 03 MAR 2023		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print MAKABAYAN R. FIEL Title or Position Registration Officer I Date 03 MAR 2023			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					