Municipal Form No. 102 (Revised August 2016) Republic of the Philippines (To be accomplished in quadruplicate using black ink)
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

Pro	A SECTION AND ADDRESS.				Desistas Ma		
-2-2	ovince LEYTE				Registry No.		
Cit	y/Municipality_ ORMOC CIT	ry			2025-2354		
	1. NAME (First) (N				(Last)		
_			ALVARE	Z	PADILLA		
H	2. SEX (Male/Female) FEMALE	3. DATE OF BIRTH	(Day) 16		(Month) MAY	(Year) 2025	
1	4. PLACE OF (Name of Hospi BIRTH House No. St.	tal/Clinic/Institution/ Barangay)	(City/Mur	nicipality)	(Province)		
L	OSPA - FARMERS'	Barangay) MEDICAL CENTER, C	AN-ADIENO	S, ORMO	C CITY, LEYTE, PHIL	LIPPINES 6. WEIGHT AT BIRTH	
וט	Sa. TYPE OF BIRTH Sb. IF MULTIPLE BIRTH, CHIL (First, Second, Third, etc.)		tc.)		ORDER (Order of this birth to live births including fetal death) and, Third, etc.)	O. WEIGHT AT BIRT	
	SINGLE	NOT APPLICABL			SECOND	3100 gran	
	7. MAIDEN (First) NAME		(Middle)		(Last)		
N	CORAZON	LO	VETE		ALVAREZ		
0	8. CITIZENSHIP		9. RE		LIGIOUS SECT	1000	
[	FILIPINO 10a. Total number of 10b. No. of chil	dren still 10c. No. of children	born 11. C	DCCUPATIO	ORN AGAIN CHRIST	12. AGE at the time of the	
1		ding this birth alive but are n	A TOTAL OF THE PARTY OF THE PAR			birth (completed year	
	2 2 13. RESIDENCE (House No. S	0	City (M. Logicina) is	0.000	(Province) (C	35 Country)	
3		Description of the second	City/Municipalit	220			
-	14. NAME (First)	DURNE DRIVE, VSU, P	(Middle)	AN, BATI	(Last)	HILIFFINES	
=	JOSEPH		ENGOJO		PADILL	A	
A	15. CITIZENSHIP	16. RELIGION/RELIGIOUS		17. OCCU	PATION	18. AGE at the time of this	
		BORN AGAIN		51151		birth (completed years)	
1	FILIPINO  19. RESIDENCE (House No. 5)	CHRISTIAN	City/Municipalit		(Province)	(Country)	
2	CONTRACTOR DESCRIPTION			200	7500000000		
-	RRIAGE OF PARENTS (If not r	DURNE DRIVE, VSU, P	ANGASUG of Acknowledge	AN, BAYE ement/Admi	ssion of Paternity at the ba	HILIPPINES	
-	DATE (Month) (Day)	(Year) 20b. PLACE			(Province)	(Country)	
iika-	May 8, 20 ATTENDANT	1=10VAUAU			, LEYTE, PHILIPPINI		
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acknowledging	g my/our child.						
/Signature O	ver Printed name of Father)			(Signature Over Printed name of Mother)			
(Signature C	ver r times manie or r amory						
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		and	200-200-200-200-2	, who exhibited to me (his/her			
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Signature o	f the Administering Officer			Position / Title / Designation			
	Name in Print			Address			
1920 0 1		R DELAYED R					
				he person himself if 18 years old or over.)			
1,		, of	legal age, sing	le/married/divorced/widow/widower, with			
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2. That I	/he/she was attended at	birth by		who resides at			
3. That I	am/he/she is a citizen of	f					
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				acknowledged/not acknowledged by			
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(If the	(If the applicant is other than the document owner) That I am the of the said person.						
7 That I	7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal						
	intents and purposes.						
intents	s and purposes.						
In trut	In truth whereof, I have affixed my signature below this day of						
				, Philippines.			
				(Signature Over Printed Name of Affiant)			
SUBSCI	RIBED AND SWORN to	before me this	day of	, at			
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