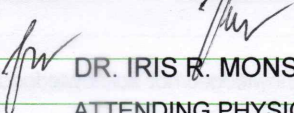
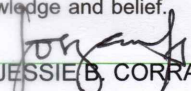
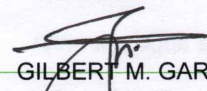
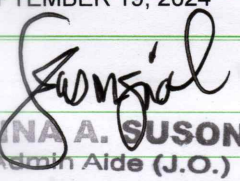
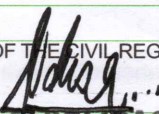


## CERTIFICATE OF LIVE BIRTH

Province	LEYTE	Registry No.	2024-4766	
City/Municipality	ORMOC CITY			
CHILD	1. NAME (First) AEBRAM (Middle) SEDIGO (Last) CORRALES			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 17 (Month) SEPTEMBER (Year) 2024		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) GATCHALIAN MEDICAL CENTER, J.T. KANGLEON ST. ORMOC CITY, LEYTE			
	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 3,200 grams
MOTHER	7. MAIDEN NAME (First) NIKKI MARIE (Middle) MANALOP (Last) SEDIGO			
	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 HOUSEWIFE
	13. RESIDENCE (House No., St., Barangay) UPPER CALINGATNAN, SAN PEDRO (City/Municipality) ALBUERA (Province) LEYTE (Country) PHILIPPINES		12. AGE at the time of this birth (completed years) 29	
FATHER	14. NAME (First) JESSIE (Middle) BURLASA (Last) CORRALES			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION GOVERNMENT EMPLOYEE	18. AGE at the time of this birth (completed years) 27
	19. RESIDENCE (House No., St., Barangay) UPPER CALINGATNAN, SAN PEDRO (City/Municipality) ALBUERA (Province) LEYTE (Country) PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) NOVEMBER (Day) 8 (Year) 2020		20b. PLACE (City / Municipality) ALBUERA (Province) LEYTE (Country) 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 12:13 PM am/pm on the date of birth specified above. Signature  DR. IRIS R. MONSANTO Address GATCHALIAN MEDICAL CENTER Name in Print ATTENDING PHYSICIAN J.T. KANGLEON STREET, ORMOC CITY LEYTE Title or Position SEPTEMBER 19, 2024				
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 JESSIE B. CORRALES Relationship to the Child FATHER Address UPPER CALINGATNAN, SAN PEDRO, ALBUERA LEYTE Date SEPTEMBER 19, 2024		23. PREPARED BY Signature  Name in Print GILBERT M. GARCIA Title or Position MEDICAL RECORDS STAFF Date SEPTEMBER 19, 2024		
24. RECEIVED BY Signature  Name in Print GINA A. SUSON Title or Position Admin Aide (J.O.) Date SEP 20 2024		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature  Name in Print MARINETTE A. SOLIBAGA Title or Position City Civil Registrar Date SEP 20 2024		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				





**GATCHALIAN  
MEDICAL CENTER**  
A MOUNT GRACE HOSPITAL

**STEWARDS of HEALTH**

Kangleon Street, District 20

Ormoc City Leyte, Philippines, 6541

☎ (053) 520 -2805 or +63 999-171-4042

✉ info@gatchalianmedicalcenter.com

🌐 www.gatchalianmedicalcenter.com

## MEDICAL CERTIFICATE

### TO WHOM IT MAY CONCERN:

This is to certify that **NIKKI MARIE S. CORRALES, 29, Female, Married** and a resident of **Brgy. San Pedro, Albueria, Leyte** had been under treatment/confined at **GATCHALIAN MEDICAL CENTER** from **Sept. 17, 2024** up to **Sept. 20, 2024** to the following

### FINAL DIAGNOSIS:

**G1P1 (1001) PREGNANCY UTERINE FULLTERM CEPHALIC, CEPHALOPELVIC DISPROPORTION DELIVERED BY PRIMARY LOW SEGMENT TRANSVERSE CESAREAN SECTION TO A LIVE BABY APGAR SCORE 7,8 CLEAR AMNIOTIC FLUID BODY WEIGHT 3,100G**

### PROCEDURE/ OPERATION:

**PRIMARY LOW SEGMENT TRANSVERSE CESAREAN SECTION**

### REMARKS:

**NONE**

Issued this **20<sup>th</sup> day of SEPTEMBER 2024** at Ormoc City, Leyte Philippines upon the request of the above-mentioned person/interested party for whatever purpose this will serve him/her best except for legal purposes.

  
**DR. JAIME L. GATCHALIAN JR.**

MEDICAL DIRECTOR

LICENSE NO.: 79031  
PTR No.: 7953142

PREPARED BY: Catherine P. Pagalan  
OR#: 0181625