

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

(To be accomplished in quadruplicate using black ink)

| | | | |
|-------------------------------------|---|--------------|--|
| Province LEYTE | | Registry No. | |
| City/Municipality ORMOC CITY | | | |
| CHILD | 1. NAME (First) (Middle) (Last) ALAIN MATHIUS LARRAZABAL PALERMO | | |
| | 2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year) 27 JUNE 2023 | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) ORMOC DOCTORS HOSPITAL, C. AVILES COR. SAN PABLO 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 2,650 grams | | |
| MOTHER | 7. MAIDEN NAME (First) (Middle) (Last) ALAINA GABISAY LARRAZABAL | | |
| | 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 TEACHER 12. AGE at the time of this birth (completed years) 24 | | |
| | 13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) # 24 A. MABINI ST. POBLACION ZONE 5 BAYBAY CITY LEYTE PHILIPPINES | | |
| FATHER | 14. NAME (First) (Middle) (Last) ALDRIN RUBI PALERMO | | |
| | 15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION TEACHER 18. AGE at the time of this birth (completed years) 37 | | |
| | 19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) # 24 A. MABINI ST. POBLACION ZONE 5 BAYBAY CITY LEYTE PHILIPPINES | | |

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

| | |
|--|--|
| 20a. DATE (Month) (Day) (Year) NOT MARRIED | 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE |
|--|--|

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 **7:52 AM** am/pm on the date of birth specified above.

Signature _____ Address **ORMOC DOCTORS HOSPITAL**
Name in Print **GARDENIA Z. LARRAZABAL, M.D.** **C. AVILES COR. SAN PABLO ST., ORMOC CITY**
Title or Position **ATTENDING PHYSICIAN** Date **June 28, 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 **ALDRIN R. PALERMO**
Relationship to the Child **FATHER**
Address **# 24 A. MABINI ST. POBLACION ZONE 5, BAYBAY CITY, LEYTE**
Date **June 28, 2023**

23. PREPARED BY
Signature _____
Name in Print **MARITES G. NGOJO**
Title or Position **MEDICAL RECORDS STAFF**
Date **June 28, 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 _____

ORMOC DOCTORS' HOSPITAL
CERTIFIED TRUE COPY
BY: **Marites G. Ngojo**
DATE: **JUN 28 2023**

REMARKS/ANNOTATIONS