Municipal Form No. 102
(Revised 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: CITY OF BAYBAY
Registry No.: 2024 - 1481

CHILD

1. NAME (First): CARMEL SIMALA (Middle): BORJA (Last): MARTIREZ
2. SEX (Male / Female): FEMALE
3. DATE OF BIRTH (Day): 17 (Month): AUGUST (Year): 2024
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay): BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL (City/Municipality): CITY OF BAYBAY (Province): 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 (live births and fetal deaths including this delivery) (First, Second, Third, etc.): FIRST
6. WEIGHT AT BIRTH: 2550 grams

MOTHER

7. MAIDEN NAME (First): CARIN (Middle): MADALENA (Last): BORJA
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 01
10b. No. of children still living including this birth: 01
10c. No. of children born alive but are now dead: 00
11. OCCUPATION: HOUSEWIFE
12. AGE at the time of this birth (completed years): 28
13. RESIDENCE (House No., St., Barangay): BRGY. GUADALUPE (City/Municipality): CITY OF BAYBAY (Province): LEYTE (Country): PHILIPPINES

FATHER

14. NAME (First): MELVINCE (Middle): ROM (Last): MARTIREZ
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: INSTRUCTOR
18. AGE at the time of this birth (completed years): 29
19. RESIDENCE (House No., St., Barangay): BRGY. GUADALUPE (City/Municipality): CITY OF BAYBAY (Province): LEYTE (Country): PHILIPPINES

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

20a. DATE (Month) (Day) (Year): DECEMBER 19, 2021
20b. PLACE (City / Municipality): DAGAMI (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 12:45 AM am/pm on the date of birth specified above.

Signature: [signature]
Name in Print: LUDIVINA D. CAVAL, M.D.
Title or Position: MEDICAL OFFICER III
Address: B C I C H., BAYBAY CITY, LEYTE
Date: AUGUST 17, 2024

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: [signature]
Name in Print: MELVINCE R. MARTIREZ
Relationship to the Child: FATHER
Address: BRGY. GUADALUPE, BAYBAY CITY, LEYTE
Date: AUGUST 19, 2024

23. PREPARED BY

Signature: [signature]
Name in Print: LIEZL D. FERNANDEZ
Title or Position: ADMINISTRATIVE AIDE-I
Date: AUGUST 19, 2024

24. RECEIVED BY

Signature: [signature]
Name in Print: TERESITA MUÑEZ-CARTOR
Title or Position: Administrative Officer II
Date: AUG 27 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: NOEL V. MANGOBANAG
Title or Position: CITY CIVIL REGISTRAR
Date: AUG 27 2024

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

0 1 0 8 1 1 3 6 0 8 0 3 7 | 0 8 0 1 0 8 1 1 3 6 0 8 0 3 7 0 8