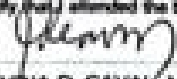


Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province <u>LEYTE</u>		Registry No. <u>2014-1481</u>	
City/Municipality <u>CITY OF BAYBAY</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>CARMEL SIMALA BORJA MARTIREZ</u>		
	2. SEX (Male / Female) <u>FEMALE</u>		
	3. DATE OF BIRTH (Day) (Month) (Year) <u>17 AUGUST 2024</u>		
	4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) (City/Municipality) (Province) <u>BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL CITY OF BAYBAY LEYTE</u>		
MOTHER	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>		5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>
	5c. BIRTH ORDER (First, Second, Third, etc.) <u>FIRST</u>		5d. WEIGHT AT BIRTH <u>2550</u> grams
	7. MOTHER NAME (First) (Middle) (Last) <u>CARIN MADALENA BORJA</u>		
	8. CITIZENSHIP <u>FILIPINO</u>		
FATHER	9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		
	10a. Total number of children born alive <u>01</u>	10b. No. of children still living including this birth <u>01</u>	10c. No. of children born alive but are now dead <u>00</u>
	11. OCCUPATION <u>HOUSEWIFE</u>		12. AGE at the time of the birth (complete years) <u>28</u>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. GUADALUPE CITY OF BAYBAY LEYTE PHILIPPINES</u>		
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the birth)	14. NAME (First) (Middle) (Last) <u>MELVINCE ROM MARTIREZ</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		
	16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		
	17. OCCUPATION <u>INSTRUCTOR</u>		
18. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. GUADALUPE CITY OF BAYBAY LEYTE PHILIPPINES</u>			
20a. DATE (Month) (Day) (Year) <u>DECEMBER 19, 2021</u>			
20b. PLACE (City / Municipality) (Province) (Country) <u>DAGAMI LEYTE PHILIPPINES</u>			
21a. ATTENDANT ☒ 1. Physician ☐ 2. Nurse ☐ 3. Midwife ☐ 4. Healer (Traditional Birth Attendant) ☐ 5. Others (Specify)			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Healer, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>12:45 AM</u> on the date of birth specified above.			
Signature 		Address <u>B C I C H, BAYBAY CITY, LEYTE</u>	
Name in Print <u>LUDOVINA D. CAVAL, M.D.</u>			
Title or Position <u>MEDICAL OFFICER III</u>		Date <u>AUGUST 17, 2024</u>	
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 <u>MELVINCE R. MARTIREZ</u>		Name in Print <u>UZIEL G. FERNANDEZ</u>	
Relationship to the Child <u>FATHER</u>		Title or Position <u>ADMINISTRATIVE AIDE-I</u>	
Address <u>BRGY. GUADALUPE, BAYBAY CITY, LEYTE</u>		Date <u>AUGUST 19, 2024</u>	
Date <u>AUGUST 19, 2024</u>			
24. RECEIVED BY Signature 		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature 	
Name in Print <u>TERESITA MUÑOZ-CARTOR</u>		Name in Print <u>NOEL V. MANGOBANAG</u>	
Title or Position <u>Administrative Officer II</u>		Title or Position <u>CITY CIVIL REGISTRAR</u>	
Date <u>AUG 27 2024</u>		Date <u>AUG 27 2024</u>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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