Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black in

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: LEYTE
City/Municipality: ORMOC CITY

Registry No.

CHILD

1. NAME (First)	(Middle)	(Last)
KENZO JIRO	PILAPIL	ESTUPA

2. SEX (Male / Female)	3. DATE OF BIRTH (Day)	(Month)	(Year)
MALE	19	MARCH	2023

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)	(City/Municipality)	(Province)
ORMOC DISTRICT HOSPITAL, COGON	ORMOC CITY	LEYTE

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
SINGLE	NOT APPLICABLE	FOURTH	3185 grams

MOTHER

7. MAIDEN NAME (First)	(Middle)	(Last)
LUCENA	GONZALES	PILAPIL

8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT
FILIPINO	ROMAN CATHOLIC

10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE at the time of this birth (completed years)
3	3	0	HOUSEWIFE	38

13. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BALUGO	ALBUERA	LEYTE	PHILIPPINES

FATHER

14. NAME (First)	(Middle)	(Last)
DIONESIO	INTINO	ESTUPA

15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
FILIPINO	ROMAN CATHOLIC	COMPUTER TECHNICIAN	47

19. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BALUGO	ALBUERA	LEYTE	PHILIPPINES

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

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality)	(Province)	(Country)
JULY 8, 2010	BAYBAY CITY	LEYTE	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 10:55 AM am/pm on the date of birth specified above.

Signature
Name in Print IRIS R. MONSANTO, M.D., FPOGS
Title or Position MEDICAL OFFICER III
Address ORMOC DISTRICT HOSPITAL, COGON, ORMOC CITY, LEYTE
Date MARCH 20, 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 DIONESIO I. ESTUPA
Relationship to the Child FATHER
Address BALUGO, ALBUERA, LEYTE
Date MARCH 20, 2023

23. PREPARED BY

Signature
Name in Print STEPHEN E. HERMOSO
Title or Position ADMIN. AIDE
Date MARCH 20, 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