

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. 2024-1763	
City/Municipality CITY OF BAYBAY			
1. NAME (First) (Middle) (Last) LEXY JADE IGDANES MARAÑAN			
2. SEX (Male / Female) FEMALE		3. DATE OF BIRTH (Day) (Month) (Year) 02 OCTOBER 2024	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL CITY OF BAYBAY 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.) SECOND	
		6. WEIGHT AT BIRTH 3100 grams	
7. MAIDEN NAME (First) (Middle) (Last) GELECA CAJERIC IGDANES			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive 02		10b. No. of children still living including this birth 02	
10c. No. of children born alive but are now dead 00		11. OCCUPATION TEACHER	
12. AGE at the time of this birth (completed years) 33			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. GABAS CITY OF BAYBAY LEYTE PHILIPPINES			
14. NAME (First) (Middle) (Last) CLEMENTE JR. NAYRE MARAÑAN			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
17. OCCUPATION UTILITY WORKER		18. AGE at the time of this birth (completed years) 38	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. GABAS CITY OF BAYBAY LEYTE PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) SEPTEMBER 8, 2020		20b. PLACE (City/ Municipality) (Province) (Country) CITY OF BAYBAY LEYTE PHILIPPINES	
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 09:52 PM am/pm on the date of birth specified above.			
Signature <i>[Signature]</i> Name in Print ATINA B. LACABA, M.D. Title or Position MEDICAL SPECIALIST II		Address B.C.I.C.H., BAYBAY CITY, LEYTE Date OCTOBER 2, 2024	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>[Signature]</i> Name in Print CLEMENTE N. MARAÑAN JR. Relationship to the Child FATHER Address BRGY. GABAS, BAYBAY CITY, LEYTE Date OCTOBER 4, 2024		23. PREPARED BY Signature <i>[Signature]</i> Name in Print LIEZL D. FERNANDEZ Title or Position ADMINISTRATIVE AIDE - I Date OCTOBER 4, 2024	
24. RECEIVED BY Signature <i>[Signature]</i> Name in Print TERESITA MUÑEZ-CARTON Title or Position Administrative Officer II OCT 15 2024		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print NOEL V. MANAGBANAG Title or Position CITY CIVIL REGISTRAR OCT 16 2024	