

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **LEYTE**

Registry No.

City/Municipality **CITY OF BAYBAY**

CHILD	1. NAME (First) (Middle) (Last) MAEVE VENICE DE LOS SANTOS ASILOM		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 29 APRIL 2023	
	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.) FIFTH

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JOMALYN GABIJAN DE LOS SANTOS				
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC			
	10a. Total number of children born alive 04	10b. No. of children still living including this birth 04	10c. No. of children born alive but are now dead 00	11. OCCUPATION BRGY. TREASURER	12. AGE at the time of this birth (completed years) 31
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) POBLACION ZONE 8 CITY OF BAYBAY LEYTE PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) VINCENT PAUL CONCOLES ASILOM			
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION ADMINISTRATIVE AIDE I	18. AGE at the time of this birth (completed years) 34
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) POBLACION ZONE 8 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 10, 2016	20b. PLACE (City / Municipality) (Province) (Country) CITY OF BAYBAY LEYTE PHILIPPINES
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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 **08:32 PM** am/pm on the date of birth specified above.

Signature _____

Address **B.C.I.C.H., BAYBAY CITY, LEYTE**

Name in Print **CLAUDETTE HAZEL A. ESIC, M.D.**

Title or Position **MEDICAL OFFICER III**

Date **APRIL 29, 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 **VINCENT PAUL C. ASILOM**

Relationship to the Child **FATHER**

Address **POBLACION ZONE 8, BAYBAY CITY, LEYTE**

Date **MAY 2, 2023**

23. PREPARED BY

Signature _____

Name in Print **LIEZL D. FERNANDEZ**

Title or Position **ADMINISTRATIVE AIDE-I**

Date **MAY 2, 2023**

24. RECEIVED BY

Signature _____

Name in Print _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print _____