Municipal Form No. 102
(Revised August 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: ORMOC CITY

Registry No.

CHILD

1. NAME: (First) DHONNI EZEKIEL (Middle) GOYO (Last) GACUTAN
2. SEX (Male / Female): MALE
3. DATE OF BIRTH: (Day) 29 (Month) APRIL (Year) 2024
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution; House No., St., Barangay; City/Municipality; Province): ORMOC DOCTORS HOSPITAL, C. AVILES COR. SAN PABLO ST., ORMOC CITY, 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 deaths) (First, Second, Third, etc.): THIRD
6. WEIGHT AT BIRTH: 2,850 grams

MOTHER

7. MAIDEN NAME: (First) LYNDEL (Middle) MONTIMAN (Last) GOYO
8. CITIZENSHIP: FILIPINO
9. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
10a. Total number of children born alive: 3
10b. No. of children still living including this birth: 2
10c. No. of children born alive but are now dead: 1
11. OCCUPATION: AGRICULTURIST
12. AGE at the time of this birth (completed years): 32
13. RESIDENCE (House No., St., Barangay; City/Municipality; Province; Country): DUPLEX G2, VISCA, PANGASUGAN; BAYBAY CITY; LEYTE; PHILIPPINES

FATHER

14. NAME: (First) MANUEL JR. (Middle) DATIG (Last) GACUTAN
15. CITIZENSHIP: FILIPINO
16. RELIGION/RELIGIOUS SECT: ROMAN CATHOLIC
17. OCCUPATION: COLLEGE TEACHER
18. AGE at the time of this birth (completed years): 37
19. RESIDENCE (House No., St., Barangay; City/Municipality; Province; Country): DUPLEX G2, VISCA, PANGASUGAN; BAYBAY CITY; LEYTE; PHILIPPINES

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

20a. DATE (Month) (Day) (Year): FEBRUARY 28 2015
20b. PLACE (City / Municipality; Province; Country): ABUYOG; 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 9:01 AM am/pm on the date of birth specified above.

Signature
Name in Print: MARIA RAMONA C. SIA - SUMABAT, M.D.
Title or Position: ATTENDING PHYSICIAN
Address: ORMOC DOCTORS HOSPITAL, C. AVILES COR. SAN PABLO ST., ORMOC CITY
Date: APRIL 30, 2024

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: MANUEL JR. D. GACUTAN
Relationship to the Child: FATHER
Address: G2 DUPLEX, VISCA, PANGASUGAN, BAYBAY CITY, LEYTE
Date: APRIL 30, 2024

23. PREPARED BY

Signature
Name in Print: JANELLE LAUREL PARRILLA
Title or Position: MEDICAL RECORDS STAFF
Date: APRIL 30, 2024

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

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)