

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF LIVE BIRTH

Province <b>LEYTE</b>				Registry No. <b>2014 - 1365</b>			
City/Municipality <b>HILONGOS</b>							
CHILD	1. NAME (First) (Middle) (Last) <b>JESHAIAH ZOE LUCHAVEZ VALENZONA</b>						
	2. SEX (Male / Female) <b>FEMALE</b>		3. DATE OF BIRTH (Day) (Month) (Year) <b>10 AUGUST 2014</b>				
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>LEYTE BAPTIST HOSPITAL HILONGOS LEYTE</b>						
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <b>THIRD</b>		
		6. WEIGHT AT BIRTH <b>3090</b> grams					
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>DIVINA MONTE LUCHAVEZ</b>						
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>FUNDAMENTAL BAPTIST</b>				
	10a. Total number of children born alive <b>3</b>		10b. No. of children still living including this birth <b>3</b>		10c. No. of children born alive but are now dead <b>0</b>		
	11. OCCUPATION <b>MATHEMATICS, SECONDARY EDUCATION TEACHER</b>		12. AGE at the time of this birth (completed years) <b>29</b>				
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>KILBOURNE ST., VSU-VISCA BAYBAY CITY LEYTE PHILIPPINES</b>							
FATHER	14. NAME (First) (Middle) (Last) <b>JORGE SANTONIA VALENZONA</b>						
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>FUNDAMENTAL BAPTIST</b>		17. OCCUPATION <b>MATHEMATICAL STATISTICIAN</b>		
	18. AGE at the time of this birth (completed years) <b>33</b>						
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>KILBOURNE ST., VSU-VISCA BAYBAY CITY LEYTE PHILIPPINES</b>						
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year) <b>MAY 23, 2009</b>			20b. PLACE (City / Municipality) (Province) (Country) <b>ORMOC CITY LEYTE PHILIPPINES</b>				
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 <b>01:35 AM</b> am/pm on the date of birth specified above. Signature _____ Address <b>LEYTE BAPTIST HOSPITAL CMPD., HILONGOS, LEYTE</b> Name in Print <b>LUALHATI G. CACHO, MD</b> Title or Position <b>OB/GYNE</b> Date <b>AUGUST 12, 2014</b>							
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 <b>JORGE S. VALENZONA</b> Relationship to the Child <b>FATHER</b> Address <b>KILBOURNE ST., VSU-VISCA, BAYBAY CITY, LEYTE</b> Date <b>AUGUST 12, 2014</b>				23. PREPARED BY Signature _____ Name in Print <b>JOHN MICHAEL M. SEROYLAS</b> Title or Position <b>MEDICAL RECORDS CLERK</b> Date <b>AUGUST 12, 2014</b>			
24. RECEIVED BY Signature _____ Name in Print <b>ALBERT S. ROA</b> Title or Position <b>Registration Officer II</b> Date <b>AUG 12 2014</b>				25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>ERNESTO MA. FULACHE</b> Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b> Date <b>AUG 12 2014</b>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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