

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province Leyte
City/Municipality Ormoc City

Registry No. 2003-4542

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1. NAME (First) (Middle) (Last)
JOELLEH JAN GODOY ISRAEL

2. SEX ☒ 1 Male ☐ 2 Female

3. DATE OF BIRTH (day) (month) (year)
22 July 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
OSPA-Farmers' Medical Center, Ormoc City, Leyte

5a. TYPE OF BIRTH ☒ 1 Single ☐ 2 Twin ☐ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS ☐ 1 First ☐ 2 Second ☐ 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
2nd (first, second, third, etc.)

d. WEIGHT AT BIRTH **2325** grams

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6. MAIDEN NAME (First) (Middle) (Last)
Jeanette Marte Godoy

7. CITIZENSHIP **Filipino**

8. RELIGION **R. Catholic**

9a. Total number of children born alive: **2**

b. No. of children still living including this birth: **2**

c. No. of children born alive but are now dead: **0**

10. OCCUPATION **Day Care Worker**

11. Age at the time of this birth: **31** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Hibunawan, Baybay Leyte

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13. NAME (First) (Middle) (Last)
Joel Morales Israel

14. CITIZENSHIP **Filipino**

15. RELIGION **R. Catholic**

16. OCCUPATION **Clerk**

17. Age at the time of this birth: **31** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

July 15, 2000 - Baybay Leyte

19a. ATTENDANT

☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife
☐ 4 Hilot (Traditional Midwife) ☐ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at **10:57 AM** o'clock am/pm on the date stated above.

Signature *[Signature]*
Name in Print **LOURDES R. CAPIRI, M.D.**
Title or Position **OB/GYNE**

Address Ormoc City
Date July 24, 2003

20. INFORMANT

Signature *[Signature]*
Name in Print **JOEL M. ISRAEL**
Relationship to the child **Father**

Address Hibunawan, Baybay Leyte
Date July 24, 2003

21. PREPARED BY

Signature *[Signature]*
Name in Print **DIEGO W. RODRIGUEZ**
Title or Position **Medical Clerk**

22. RECEIVED AT THE OFFICE OF

THE CIVIL REGISTRAR
REGISTRATION OFFICER
Signature *[Signature]*
Name in Print **DR. ARCHILLES A. SILVA, MPA, DM.**
Title or Position **City Civil Registrar**

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

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