

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province	<b>LEYTE</b>	Registry No.	<b>2014 - 1721</b>
City/Municipality	<b>HILONGOS</b>		

CHILD	1. NAME (First) (Middle) (Last)	<b>PIA PAULENN MORALES PAQUIBULAN</b>		
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)	<b>FEMALE 24 OCTOBER 2014</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)	<b>VILLAFLORES CLINIC HILONGOS LEYTE</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
	<b>SINGLE</b>	<b>N/A</b>	<b>FIRST</b>	<b>3232</b> grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last)	<b>PAULA MADREA FLORES MORALES</b>			
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT	<b>FILIPINO ROMAN CATHOLIC</b>		
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE at the time of this birth (completed years)
	<b>1</b>	<b>1</b>	<b>0</b>	<b>INSTRUCTOR</b>	<b>26</b>
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)	<b>BARANGAY GABAS BAYBAY LEYTE PHILIPPINES</b>			

FATHER	14. NAME (First) (Middle) (Last)	<b>GLENN TALLENA PAQUIBULAN</b>		
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
	<b>FILIPINO</b>	<b>ROMAN CATHOLIC</b>	<b>SUBSTATION TENDER</b>	<b>23</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)	<b>BARANGAY GABAS BAYBAY LEYTE PHILIPPINES</b>		

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

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality) (Province) (Country)
<b>OCTOBER 19 2013</b>	<b>HILONGOS LEYTE PHILIPPINES</b>

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 **10:33 AM** am/pm on the date of birth specified above.

Signature Eleanor R. Villaflores M.D. Address **R.V. FULACHE STREET**  
Name in Print **ELEANOR R. VILLAFLORES, M.D.** **HILONGOS, LEYTE**  
Title or Position **PRIVATE PHYSICIAN** Date **OCTOBER 24, 2014**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature Glenn T. Paquibulan  
Name in Print **GLENN T. PAQUIBULAN**  
Relationship to the Child **FATHER**  
Address **BARANGAY GABAS BAYBAY, LEYTE**  
Date **OCTOBER 24, 2014**

23. PREPARED BY

Signature Lucia M. Polo  
Name in Print **LUCIA M. POLO**  
Title or Position **NURSING ATTENDANT**  
Date **OCTOBER 24, 2014**

24. RECEIVED BY

Signature Albert S. Roa  
Name in Print **ALBERT S. ROA**  
Title or Position **REGISTRATION OFFICER 11**  
Date **OCT 29 2014**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature Ernesto M. Fulache  
Name in Print **ERNESTO M. FULACHE**  
Title or Position **MUNICIPAL CIVIL REGISTRAR**  
Date **OCT 29 2014**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)