(Revised August 2016)

OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Registry No. [redacted]

Province LEYTE

City/Municipality ORMOC CITY

CHILD

1. NAME (First)	(Middle)	(Last)
ZIV AQIL	ELEGIO	BURLAS

2. SEX (Male / Female)	3. DATE OF BIRTH (Day)	(Month)	(Year)
MALE	31	MARCH	2023

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)

OSPA - FARMERS' MEDICAL CENTER, BRGY. CAN-ADIENG, ORMOC CITY, LEYTE

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 among previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
SINGLE	NOT APPLICABLE	THIRD	2600 grams

MOTHER

7. MAIDEN NAME (First)	(Middle)	(Last)
MAY JAY	ESGUERRA	ELEGIO

8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT
FILIPINO	BORN AGAIN CHRISTIAN

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 birth (completed years)
3	2	1	AREA DEVELOPMENT	39

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

SITIO AHAG, PUROK I, BRGY. CAN-UNTOG, ORMOC CITY, LEYTE, PHILIPPINES

FATHER

14. NAME (First)	(Middle)	(Last)
MARLON	GARANDE	BURLAS

15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of birth (completed years)
FILIPINO	BORN AGAIN CHRISTIAN	MAINTENANCE HEAD	40

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

SITIO AHAG, PUROK I, BRGY. CAN-UNTOG, ORMOC CITY, LEYTE, PHILIPPINES

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)
July 17, 2017	ORMOC CITY, 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 06:43 A.M. am/pm on the date of birth specified ab

Signature

Name in Print MARIA RAMONA S. SUMABAT, M.D.

Title or Position OB-GYNE

Address ORMOC CITY

LEYTE, PHILIPPINES

Date April 1, 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 MARLON G. BURLAS

Relationship to the Child FATHER

Address BRGY. CAN-UNTOG, ORMOC CITY, LEYTE

Date April 1, 2023

23. PREPARED BY

Signature

Name in Print MELCHOR V. CORRO

Title or Position MEDICAL RECORDS CLERK

Date April 1, 2023

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