

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 BAYBAY

Registry No. 200-141

1. NAME (First) (Middle) (Last)
ANGIELA MARIE VALENZONA ORTEGA

For OCRG USE ONLY:
Population Reference No.

2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
26 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
WESTERN LEYTE PROVINCIAL HOSPITAL, BAYBAY, LEYTE

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

b. IF MULTIPLE BIRTH, CHILD WAS
X 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
1,980 grams

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)
LENI M. VALENZONA

7. CITIZENSHIP FILIPINO

8. RELIGION R.C.

41

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 HOUSEWIFE

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

48

49 50

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SAN ISIDRO BAYBAY LEYTE

55

13. NAME (First) (Middle) (Last)
GILBERTO A. ORTEGA

14. CITIZENSHIP FILIPINO

15. RELIGION R.C.

16. OCCUPATION DRIVER

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

61

62 64

68 69

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

MAY 10, 1995-Baybay, Leyte

70 72 74

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify) _____

76 79

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:25 pm o'clock
am/pm on the date stated above.

81

Signature [Signature]
Name in Print AZUCENA P. MIRABEL, MD
Title or Position MEDICAL SPECIALIST I

Address WLPH, BAYBAY, LEYTE
Date MAY 26, 2000

86 87

20. INFORMANT
Signature [Signature]
Name in Print GILBERTO ORTEGA
Relationship to the child TEACHER

Address SAN ISIDRO, BAYBAY, LEYTE
Date MAY 26, 2000

88 91

21. PREPARED BY
Signature [Signature]
Name in Print MARY ANN ARBILON
Title or Position NURSE II
Date MAY 26, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print NOEL V. MANABANAG
Title or Position M.C.R.
Date 6-1-20

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