

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 Registry No. 2007 - 1406
City/Municipality ORMOC CITY

1. NAME (First) MARY VIENA (Middle) MAAGHOP (Last) LEYSON
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year) 7 MARCH 2007

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) (first, second, third, etc.) THIRD
d. WEIGHT AT BIRTH 1616 grams

6. MAIDEN NAME (First) SALITA (Middle) PAREJA (Last) MAAGHOP

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still-living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 43 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
131-C TINAGO, BAYBAY LEYTE

13. NAME (First) ZENEN (Middle) VALENZONA (Last) LEYSON

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION SEAMAN 17. Age at the time of this birth: 45 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MARCH 7, 1992 - 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 1:33 AM o'clock am/pm on the date stated above.

Signature Lourdes C. de Veyra Address ORMOC CITY
Name in Print LOURDES C. DE VEYRA, M.D.
Title or Position OB/GYNE Date MARCH 13, 2007

20. INFORMANT
Signature Salita M. Leyson Address 131-C TINAGO, BAYBAY LEYTE
Name in Print SALITA M. LEYSON
Relationship to the child MOTHER Date MARCH 13, 2007

21. PREPARED BY
Signature Diego W. Rodriguez
Name in Print DIEGO W. RODRIGUEZ
Title or Position MEDICAL CLERK
Date MARCH 13, 2007

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Archilles A. Silva, MPA, DM.
Name in Print ARCHILLES A. SILVA, MPA, DM.
Title or Position CITY CIVIL REGISTRAR
Date 3-15-07

For OCRG USE ONLY:
Population Reference No.
[]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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