(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province: Leyte
City/Municipality: Ormoc City

Registry No. 2007 - 4055

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

CHILD

1. NAME (First) CLARENCE (Middle) NELLAS (Last) ZAMORA

2. SEX: X 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 26 June 2007

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay): Ormoc Maternity & Children's Hospital (City/Municipality): Ormoc City (Province): Leyte

5a. TYPE OF BIRTH: X 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): 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH: 2903 grams

MOTHER

6. MAIDEN NAME (First) CHRISTINE (Middle) NELLAS (Last) ZAMORA

7. CITIZENSHIP: Filipino

8. RELIGION: R.C.

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

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

10. OCCUPATION: NONE

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

12. RESIDENCE (House No., Street, Barangay) (City/Municipality): Isabel (Province): Leyte

FATHER

13. NAME (First) (Middle) (Last): UNKNOWN

14. CITIZENSHIP: N/A

15. RELIGION: N/A

16. OCCUPATION: N/A

17. Age at the time of this birth: N/A years

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

19a. ATTENDANT: X Physician ___ Nurse ___ Midwife ___ Hilot (Traditional Midwife) ___ Others (Specify)

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 7:20 a.m. (clock am/pm on the date stated above.

Signature: [signature]
Name in Print: ROSEMARIE B. CAM, M.D.
Title or Position: OB-GYNE
Address: Ormoc Maternity & Children's Hospital
Date:

20. INFORMANT
Signature: [signature]
Name in Print: CHRISTINE ZAMORA
Relationship to the child: Mother
Address: Isabel, Leyte
Date:

21. PREPARED BY
Signature: [signature]
Name in Print: REGELDA G. LANZADERAS
Title or Position: CLERK
Date: July 10, 2007

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: DR. ARCHILLES A. SILVA, MPA, DM.
Title or Position: City Civil Registrar
Date: 7-10-07

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS MELBERT M. SEVILLA AND CHRISTINE N. ZAMORA ON NOVEMBER 28, 2007 AT ISABEL, LEYTE UNDER REGISTRY NUMBER 2018-2680. THE CHILD SHALL BE KNOWN AS: CLARENCE ZAMORA SEVILLA

DANIEL J. ARIASO, SR., CESO II
Assistant Secretary
Deputy National Statistician
Civil Registration and Central Support Office (CRCSO)

SID: 3D4BC2F842657CB7D78FE72F331BE3819FA6C89E
09/17/2018 11:12:50 AM

06855-B6-402RTC-00342-BI001

BRen
03738-R07LS08-1

Lisa Grace S. Bersales

BEST POSSIBLE IMAGE