



(Copy for OCR)

Municipal Form No. 102 - GENERAL OFFICE OF THE CIVIL REGISTRAR (to be accomplished in quadruplicate)  
 (Revised January 1998)

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 16a.)

Province: **Southern Leyte** Registry No.: **99-230**  
 City/Municipality: **Hinunangan**

1. NAME (First) **LEYZON** (Middle) **MALAKI** (Last) **SABORBORO**

2. SEX:  Male  Female

3. DATE OF BIRTH: **09 May 1999**

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution) **HINUNANGAN COMM. HOSPITAL** (City/Municipality) **Hinunangan** (Province) **Southern Leyte**

5a. TYPE OF BIRTH:  Single  Twin  Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS:  First  Second  Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery): **1st**

7. WEIGHT AT BIRTH: **6.5** grams

8. MAIDENSTRAR (First) **BEVORA** (Middle) **PAGANPAN** (Last) **MALAKI**

9. CITIZENSHIP: **PHILIPINO** RELIGION: **Roman Catholic**

10. OCCUPATION: **HOUSEKEEPER** Age at the time of this birth: **32** years

12. RESIDENCE: (House No. and Street) **BLK. 11, LINGAN, HINUNANGAN, SOUTHERN LEYTE**

13. NAME (First) **JAYME** (Middle) **GUNDAI** (Last) **SABORBORO**

14. CITIZENSHIP: **PHILIPINO** RELIGION: **Roman Catholic**

15. OCCUPATION: **CARPENTER** Age at the time of this birth: **33** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Single Status): **SEPTEMBER 5, 1998**

19a. ATTENDANT: **Midwife**

19b. CERTIFICATION OF BIRTH: **Medical Officer III**

20. INFORMANT: **Greg Hinatungan** Address: **Hinunangan Comm. Hospital**

21. PREPARED BY: **Edna C. Saborboro** Address: **Hinunangan Comm. Hospital**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: **Edna C. Saborboro** Address: **Hinunangan Comm. Hospital**

Signature: **EDNABE C. SABORBORO** Date: **May 10, 1999**

REMARKS/ANNOTATION

For OCR USE ONLY:  
 Population Reference No. **6403A99KA01-5**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 **9900234**

48 **1**

49 50 **2 100599**

58 **64030**

61 **1**

62 64 **01 2863**

68 69 **1 1**

70 72 74 **01 01 00**

76 78 **220 32**

81 **64162**

86 87 **1 1**

88 91 **213 33**

93 **1 09-05-98**

94 **1 05-12-99**

**99999 1110**