

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province <u>LEYTE</u>		Registry No. <u>2023-03</u>	
City/Municipality <u>ORMOC CITY</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>ASAEL YEHUDAH GOLTIANO ORIA</u>		
	2. SEX (Male / Female) <u>MALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>02 JANUARY 2023</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>CLINICA GATCHALIAN & HOSPITAL ORMOC CITY LEYTE</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>
		6. WEIGHT AT BIRTH <u>2943</u> grams	
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>KEZIA ELOISE DE LA CRUZ GOLTIANO</u>		
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>JUDAISM</u>
	10a. Total number of children born alive <u>01</u>	10b. No. of children still living including this birth <u>01</u>	10c. No. of children born alive but are now dead <u>00</u>
	11. OCCUPATION <u>TEACHER</u>		12. AGE at the time of this birth (completed years) <u>29</u>
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. COGON BAYBAY CITY LEYTE PHILIPPINES</u>			
FATHER	14. NAME (First) (Middle) (Last) <u>REYMAR CATADMAN ORIA</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>JUDAISM</u>
	17. OCCUPATION <u>TEACHER</u>		18. AGE at the time of this birth (completed years) <u>27</u>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. COGON BAYBAY CITY LEYTE PHILIPPINES</u>		
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <u>DECEMBER 20, 2019</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>TALISAY CITY CEBU PHILIPPINES</u>	
21a. ATTENDANT <u>1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)</u>			
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 <u>12:55 PM</u> am/pm on the date of birth specified above.			
Signature _____ Name in Print <u>DR. EDITH V. LOMOCSO</u> Title or Position <u>OB GYN</u>			
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 <u>REYMAR CATADMAN ORIA</u> Relationship to the Child <u>FATHER</u> Address <u>BRGY. COGON, BAYBAY CITY, LEYTE</u> Date <u>JANUARY 3, 2023</u>			
23. PREPARED BY <u>MAKABAYAN R. FIEL</u> Registration Officer I Signature _____ Name in Print <u>HELENO. PAGALAN</u> Title or Position <u>MEDICAL RECORDS HEAD</u> Date <u>JANUARY 3, 2023</u>			
24. RECEIVED BY Signature _____ Name in Print <u>ARACEL B. GALLARDO</u> Title or Position <u>Admin Aide (J.O.)</u> Date <u>03 JAN 2023</u>			
25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>MAKABAYAN R. FIEL</u> Title or Position <u>Registration Officer I</u> Date <u>03 JAN 2023</u>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19 0 1 9 9 3 3 0 6 0 8 0 3 7 0 8 0 1 9 9 3 3 0 6 0 8 0 3 7 0 8			

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, _____ and _____
of legal age, am/are the natural mother and/or father of _____, who was
born on _____ at _____.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by
_____ and _____, who exhibited to me his/her
CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, _____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

☐ my birth in _____ on _____.
☐ the birth of _____ who was born in _____
_____ on _____.

2. That I/he/she was attended at birth by _____ who resides at _____.

3. That I am/he/she is a citizen of _____.

4. That my/his/her parents were ☐ married on _____ at _____.
☐ not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____.

5. That the reason for the delay in registering my/his/her birth was _____.

6. (For the applicant only) That I am married to _____.

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
_____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
_____, Philippines, affiant who exhibited to me his/her CTC/valid ID
_____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address