(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province: LEYTE
City/Municipality: CITY OF BAYBAY

Registry No.: 2024-1101

CHILD

1. NAME (First)	(Middle)	(Last)
ZHANAYA ZOE	LUCHAVEZ	VALENZONA

2. SEX (Male / Female)	3. DATE OF BIRTH (Day)	(Month)	(Year)
FEMALE	16	JUNE	2024

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay)	(City/Municipality)	(Province)
BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL	CITY OF BAYBAY	LEYTE

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
SINGLE	NOT APPLICABLE	FIFTH	2800 grams

MOTHER

7. MAIDEN NAME (First)	(Middle)	(Last)
DIVINA	MONTE	LUCHAVEZ

8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT
FILIPINO	FUNDAMENTAL BAPTIST

10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE at the time of this birth (completed years)
04	04	00	TEACHER	39

13. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BRGY. PANGASUGAN	CITY OF BAYBAY	LEYTE	PHILIPPINES

FATHER

14. NAME (First)	(Middle)	(Last)
JORGE	SANTONIA	VALENZONA

15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
FILIPINO	FUNDAMENTAL BAPTIST	TEACHER	42

19. RESIDENCE (House No., St., Barangay)	(City/Municipality)	(Province)	(Country)
BRGY. PANGASUGAN	CITY OF BAYBAY	LEYTE	PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality)	(Province)	(Country)
MAY 23, 2009	ORMOC CITY	LEYTE	PHILIPPINES

21a. ATTENDANT

X 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Birth Attendant) ___ 5 Others (Specify)

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 11:32 PM am/pm on the date of birth specified above.

Signature: [signature]
Name in Print: CLAUDETTE HAZEL A. ESIC, M.D.
Title or Position: MEDICAL OFFICER III
Address: B.C.I.C.H., BAYBAY CITY, LEYTE
Date: JUNE 16, 2024

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: [signature]
Name in Print: JORGE S. VALENZONA
Relationship to the Child: FATHER
Address: BRGY. PANGASUGAN, BAYBAY CITY, LEYTE
Date: JUNE 18, 2024

23. PREPARED BY

Signature: [signature]
Name in Print: LIEZL D. FERNANDEZ
Title or Position: ADMINISTRATIVE AIDE-I
Date: JUNE 18, 2024

24. RECEIVED BY

Signature: [signature]
Name in Print: TERESITA MUÑEZ-CANTON
Title or Position: Administrative Officer
Date: JUN 25 2024

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature: [signature]
Name in Print: NOEL V. MANAGBANAG
Title or Position: CITY CIVIL REGISTRAR
Date: JUN 25 2024

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 1 1 3 6 0 8 0 3 7 0 8 0 1 9 9 1 1 3 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