

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTHProvince **LEYTE**

Registry No.

2025-1448

City/Municipality **CITY OF BAYBAY**

CHILD

1. NAME (First) (Middle) (Last)	JARED IZEYAH COCO SIDAYA		
2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)		
MALE	22 SEPTEMBER 2025		
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	SECOND	3300 grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)	IRISH SASIL COCO		
8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT		
FILIPINO	ROMAN CATHOLIC		
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
02	02	00	TEACHER
12. AGE at the time of this birth (completed years)			34
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
BRGY. STA. CRUZ CITY OF BAYBAY LEYTE PHILIPPINES			

FATHER

14. NAME (First) (Middle) (Last)	JERUM HERMOSO SIDAYA		
15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
FILIPINO	ROMAN CATHOLIC	TEACHER	35
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)			
BRGY. STA. CRUZ 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)
SEPTEMBER 28, 2019	CITY OF BAYBAY LEYTE PHILIPPINES

21a. ATTENDANT

☒ 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 **02:16 PM** am/pm on the date of birth specified above.

Signature _____ Address **B.C.I.C.H., BAYBAY CITY, LEYTE**

Name in Print **REGINA C. FULVADORA, M.D.**

Title or Position **OB/GYNE** Date **SEPTEMBER 22, 2025**

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 **JERUM H. SIDAYA**

Relationship to the Child **FATHER**

Address **BRGY. STA. CRUZ, BAYBAY CITY, LEYTE**

Date **SEPTEMBER 23, 2025**

24. RECEIVED BY

Signature _____

Name in Print **TERESITA MUÑEZ-CARTON**

Title or Position **ADMINISTRATIVE OFFICER II**

Date **OCT 02 2025**

23. PREPARED BY

Signature _____

Name in Print **LIEZL D. FERNANDEZ**

Title or Position **ADMINISTRATIVE AIDE-I**

Date **SEPTEMBER 23, 2025**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **NOEL V. MANAGBANAG**

Title or Position **CITY CIVIL REGISTRAR**

Date **OCT 02 2025**

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

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