

(Copy for OCRG)

Philippine Statistics Authority (PSA) Seal

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.)

Province: Davao Registry No.: 95-1637  
City/Municipality: Barangay

1. CIVIL NAME (First) Jesus (Middle) James (Last) Layan  
2. SEX: 1 Male Male 2 Female  
3. DATE OF BIRTH (day) 22 (month) 04 (year) 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) Caraga Regional Hospital (City/Municipality) Barangay (Province) Davao  
5a. TYPE OF BIRTH: 1 Single Single 2 First First 3 Others, Specify  
5b. IF MULTIPLE BIRTH CHILD WAS: 1 First First 2 Second Second 3 Others, Specify  
6. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd (first, second, third, etc.)  
7. WEIGHT AT BIRTH 3.6 grams

8. MAIDEN NAME (First) Gina (Middle) Katasa (Last) Dungog  
9. CITIZENSHIP Philippine 10. RELIGION Catholic  
11. 9a. Total number of children born alive 2 11b. No. of children still living including this birth 2 11c. No. of children born alive but are now dead 0  
12. RESIDENCE (House No., Street, Barangay) Barangay (City/Municipality) Barangay (Province) Davao  
13. NAME (First) Marcelo (Middle) Bulcan (Last) Rapora  
14. CITIZENSHIP Philippine 15. RELIGION Catholic  
16. OCCUPATION Teacher 17. Age at this time 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)  
19a. ATTENDANT: 1 Physician Physician 2 Nurse Nurse 3 Midwife Midwife 4 Healer (Traditional Midwife) 5 Others (Specify)  
19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 5:30 o'clock am/pm on the date stated above.  
Signature: [Signature] Title or Position: Local Civil Registrar  
20. INFORMANT: Signature: [Signature] Name in Print: [Name] Relationship to the child: [Relationship]  
21. PREPARED BY: Signature: [Signature] Name in Print: [Name] Title or Position: [Title] Date: [Date]  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature] Name in Print: FILOMENA C. LOPEZ Title or Position: LOCAL CIVIL REGISTRAR Date: [Date]

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 2210-A95UN05-3

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

1910



For births before 3 August 1988/on or after 3 August 1988

LOCAL CIVIL REGISTRY  
LIGONKAY C. GOBES

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_  
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

(Signature of Mother)

Community Tax No. \_\_\_\_\_

Community Tax No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

Not applicable for births before 27 February 1931

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, GINO D. JAYAN, of legal age, single/married  
and with residence and postal address at Barili, Cebu  
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of Jessie Jayan
2. That I/he/she was born on October 22, 1995
3. That I/he/she was attended at birth by Dr. Lot who resides at Barili
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were ☐ married on \_\_\_\_\_ at \_\_\_\_\_  
☐ not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
8. ☐ (For the applicant only) That I am married to \_\_\_\_\_  
☐ (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

GINO D. JAYAN

(Signature of Affiant)

Community Tax No. 1612679Date Issued 12/13/95Place Issued Barili, Cebu

SUBSCRIBED AND SWORN to before me this 13th day of December, 1995  
at Barili, Cebu, Philippines.

(Signature of Administering Officer)

L C R

(Title/Designation)

Barili, Cebu

(Name in Print)

(Address)

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BEST POSSIBLE IMAGE

BReN

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