

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR

Lagangilang, Abra

April 23, 2004

TO WHOM IT MAY CONCERN:

We, certify that, among others, the IVI wing facts of birth appear in the Register of Births on page 50 of book number IV.

Registry Number

: 73

Date of Registration

: February 25, 1983

Name of Child

: Anabel T. Escat

Sex

: Female

Date of Birth

: February 23, 1983

Place of Birth

: Cayapa, Lagangilang, Abra

Name of Mother

: Rita Tugadi

Citizenship of Mother

: Filipino

Name of Father

: Abraham Escat

Citizenship of Father

Filipino

Date of Marriage of Parents

: No Column

Place of Marriage of Parents

: No Column

This certification is issued to NSO-OCRG, Manila.

paatmosfera ROSALIA A. ATMOSFERA Clerk III

くいついく

Amount Paid: P50.00

O.R No.

: 7254818

Date Paid

: April 23, 2004

Note: A mark erasure or alteration of any entry interest.

Certification.

WILEREDO B. BORGONIA SR.

Municipal Civil Registrar

05996-B1-120GTT-00111-BI004

BEST POSSIBLE IMAGE

BReN 00110-A83DP01-7

Documentary Stamp Tax Paid Lisa Strace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistican

enegal form No.5102	and the second second	(Te	te recomplished in quadruplicate)	REMARKS/ANNOTATION	SID: 1
gened January 1993)	Republic of the f		GENERAL		SID: 1F3846897ADA 10/20/2022 09:14:57
CER	TIFICATE OF	LIVE E	BIRTH	the first program of the second	689
(Fig eut eon Place X befor	aptertally, been rately and le	giby. Use ink in Rems 2, 5	or typowiter. a, St. and 19a)		7A
rovince PANDASINAN			- 5		
ity/Municipality_UdDANET		(Middle)	1 4410	For OCRG USE ONLY:	C1733
	AYDEN (First)	ESCAT	(LANA)CIAL	Population Reference Ho.	338
2. SEX		ATE OF BIF	RTH (day) (month) (year)		8880
	2 Female		5 HOVELERA 2009	TO BE FILLED UP AT THE OFFICE OF THE CIVIL	58
4. L DICE OF HARMED	Hespital/Clinic/Institution Io., Street, Barangay)	on, (City, N	tun cipality) (Province)	REGISTRAR	BC581EEF0F0
	and the second second	SP., UNDAN	eta citt, pangasinan		FOF
5a. TYPE OF BIRTH		F MULTIFL	E BIRTH, CHILD WAS		.04
3 Triplet,	eb.		3 Others, Specify	44	981
C. BIRTH ORDER (live b	including this delivery	1 1990	EIGHT AT BIRTH		338B8C581EEF0FC49B1B6211A
C MANDEN	st, second third, etc.)		3096 grams	49 50	249B1B6211A
NAME AVANT		ddle)	(Last)		1
7. CITIZENSHIP			ESCAT		
FILIPI			HOMAN CATHOLIC	56	
9a. Total number of children born	b. No. of children Wing includin		C. No. of children born elive but		
alive:	this birth:		are now dead:	41	
10. OCCUPATION	In . marrows		11. Age at the time of this birth:	Ϊ I	
12. RESIDENCE (Hous	(PANESHOP)	(Chy/A		-	
	AN JOSE		TA CITY PANCASINAN		
13. NAME (FI	st) (N	iddie)	(Last) GANANCIAL		
14 CITIZENSHIP		-	RELIGION	n n	
FILIPI	vo		HOPAN CALHOLIC		
16. OCCUPATION	CLE DATVER		17. Age at the time of this birth:	70 72 74	
		RENTS N	ot married, accomplish Affidavit of		
	Admission of Paternity at		And Andrews As April As		
	- CETHALA TON	A variety in		76 79	
19a. ATTENDANT		2 Nurse	3 Midwife		
19b CERTIFICATION OF		5 Others (Sp	scity)		
I hereby certify that I	attended the birth of the ch	ild who was to	m alive at Bas7 PM o'clock		
am/pm on the date stated abo	w .		bedrokelerd		
Signature est Culs de	ME C. BAHTHING.	De PA	JPS-CH, U.DANETA CITY, UNGASINAN W. 25. 2009	84 87	
Title or Position _ MED. OF	FICER.				
20 INFORMANT					
Signature Lind UALLA De		Address S	in jose, updaneta citt.	ا تا با	
Relationship to the child	TER		OV . 25, 2009	inducted below	
21. PREPARED BY	тТ		EIVED AT THE OFFICE OF	E-STEPO	MARIZZA (Officer) Assistant Nati Civil Registr
Ch-	,	T	HE CIVIL REGISTRAF	11111	Region Region
Signature BA (TTES) A	SANGITE	Signature Name in Pri	אסנהב איישט		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Title or Position	TIFE	Title or Post	NEUD: NA . LAN UFF IN	10-08-07	RANDE Large) Stanistici n Service
Date BOV. 25, 200		Date	- sed - ci		S & M
				C.A.	
08383-38-120N	MTP-00300-BIO)2	BReN	(108	m
POSSIBLE IMAGE	N. School of the		05546-B09WR05-7	CLAIRE DENNIS	S. MAPA, Ph. D
			Documentary	National Statistician an	d Civil Registrar G
	22002		Stamp Tax Paid	Philippine Sta	tistics Authority

For binths before 3 August 1988/on or after 3 August 1988	
AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSIO	ON OF PATERNITY
parents/parent of the child mentioned in this Certificate of Live Bir	rth, do hereby solemnly swear that the
information contained herein are true and correct to the best of our/my k	incaneage and being
100000000000000000000000000000000000000	
(Signature of Father)	(Signature of Mother)
Community Tax No. 1741577	Community Tax No.
Date Issued 7.71 7.71	Date Issued
Place Issued	Place Issued
SUBSCRIBED AND SWORN to before the this ony of	
at	, Philippines.
((2	
(Signature of Administering Officer)	(Title/Designation)
(Name in Print)	(Address)
Not applicable for births before 27 February 1931	
and with residence and postal address at	,
and with residence and postal address at	tion of my birth/of the birth of
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at 3. That I/he/she was attended at birth by	depose and say: tion of my birth/of the birth of who resides at
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of married on married on at at at I/he/she parents were married on at at at I/he/she is a citizen of married on I/he/she is a citizen of I/he/she is a citiz	depose and say: tion of my birth/of the birth of who resides at
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of at married on mot married but was a not	depose and say: tion of my birth/of the birth of who resides at
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of married on married on at at at I/he/she parents were married on at at I/he/she parents were married on I/he/she is a citizen of	depose and say: tion of my birth/of the birth of who resides at at at at at
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of at married on not married but was a name is 6. That the reason for the delay in registering my/his/her birth.	depose and say: tion of my birth/of the birth of who resides at at at at at at who who resides at
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of 5. That my/his/her parents were married on not married but was a name is 6. That the reason for the delay in registering my/his/her birth certificate is needed for 1.	depose and say: tion of my birth/of the birth of who resides at at at at tknowledge by my/his/her father whose the purpose of
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of that my/his/her parents were married on not married but was a name is 6. That the reason for the delay in registering my/his/her birth.	depose and say: tion of my birth/of the birth of who resides at at at at trknowledge by my/his/her father whose the purpose of
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by 4. That I/he/she is a citizen of 5. That my/his/her parents were married on not married but was a name is 6. That the reason for the delay in registering my/his/her birth. 7. That a copy of my/his/her birth certificate is needed for the applicant only). That I am married to	depose and say: tion of my birth/of the birth of who resides at at at at trknowledge by my/his/her father whose the purpose of
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at a law at I/he/she was attended at birth by at I/he/she is a citizen of a law at I	depose and say: tion of my birth/of the birth of who resides at at at at teknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant)
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on	depose and say: tion of my birth/of the birth of who resides at at at at teknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) unity Tax No.
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on	depose and say: tion of my birth/of the birth of who resides at at at at icknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) urity Tax No.
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on	depose and say: tion of my birth/of the birth of who resides at at at at teknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) unity Tax No.
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and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on	depose and say: tion of my birth/of the birth of who resides at at at at ticknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) urity Tax No. suext
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on at at at I/he/she was attended at birth by at I/he/she is a citizen of a married on a not married but was a name is 6. That the reason for the delay in registering my/his/her birth acropy of my/his/her birth certificate is needed for the father/mother/guardian). That I am the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate to a superior of the state I am the I/have Is 1. Communicate I am I/have	depose and say: tion of my birth/of the birth of who resides at at at at cknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) suext ssued
and with residence and postal address at after having been duly sworn to in accordance with law, do nereby 1. That I am the applicant for the delayed registrat 2. That I/he/she was born on	depose and say: tion of my birth/of the birth of who resides at at at at teknowledge by my/his/her father whose the purpose of of the said person. (Signature of Affiant) unity Tax No. suext ssued , Philippines

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS LORETO D. GANANCIAL AND ANABEL T. ESCAT ON SEPTEMBER 18, 2022 AT BINALONAN, PANGASINAN UNDER REGISTRY NUMBER 2022-4701.

1		asinan	Registry No.	
	vince Urdan	neta City	2019 - 4313	
	1 NAME (First)	(Middle	(Last)	
	2 SEX (Male / Female)	ESCAT 3 DATE OF	(Day) (Month)	(Year)
0	MALE	BIRTH	10-September-2019	(102)
1	House No., St.	, Barangay)	City/Municipality) (Province	Lancard Control of the Control
L	5a TYPE OF BIRTH	SO IF MULTIPLE BIRTH, CHILD	URDANETA CITY PAN	6. WEIGHTAT BIRTH
•	(Single, Twin, Triplet, etc.) Single	(First, Second, Third, etc.)	(First, Second, Third, etc.)	700
-	7. MAIDEN (First)	(Middle		grams
М	NAME ANABI		TUGADI	ESCAT
0	8. CITIZENSHIP FILIPINO		9. RELIGIONRELIGIOUS SECT ROMAN CATHOLIC	
T	10a Total number of 10b, No. of c	disiden still 10c. No of children born	11. OCCUPATION	12. AGE at the time of this
E	children born alive living Induc	ing this birth alive but are now dead 2 0	POLICE OFFICER	birth (completed years) 36
R	the same of the sa			(Country)
_			ANGASINAN PHILIPPINES	
F	14 NAME (First) LORETO	(Midd)	-1	GANANCIAL
AT	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18 AGE at the time of the
H	FILIPINO	ROMAN CATHOLI	C CONSTRUCTION WORKE	R birth (completed years)
ER	19 RESIDENCE (House No. 5	The control of the second second second	unicipality) (Province) PANGASINAN PHILIPPINES	(Country)
12	ATTENDANT Physician 2 Nurse		Traditional Birth Attendant) 5 Others (Specify)
211	CERTIFICATION OF ATTENDANT	AT BIRTH (Physician, Nurse, Midwife, Tra ded the birth of the child who was bor	additional Birth Altendant/Hirot, etc.) m alive at 5:58 pm anvipm on the date	e of birth specified above.
	certification of attendant hereby certify that I attended	ded the birth of the child who was bor	additional Birth Attendant/Hilot etc.) m alive at 5:58 pm arr/pm on the dat Address URDANETA CITY PANG	
Si	CERTIFICATION OF ATTENDANT I hereby contify that I attended to the state of the sta	ded the birth of the child who was bor	m alive at5:58 pm anylym on the dat AddressURDANETA CITY PANG	
Si Ni	D. CERTIFICATION OF ATTENDANT I hereby certify that I attent gnature JENEFER I. A arrie in Print. ATTENDING	ded the birth of the child who was bord GUINALDO, MD., FPOGS PHYSICIAN	m alive at5:58 pm anylom on the date AddressURDANETA CITY PANG DateSeptember 11, 2019	
Si Ni	pnature JENEFER H. A JENEFER H. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that I attent ATTENDING	ded the birth of the child who was bor	m alive at 5:58 pm anyom on the date Address URDANETA CITY PANG	
Si Ni Til	gnature JENEFER 1. A THEREDY CONTROL ATTENDANT In hereby contribute attention JENEFER 1. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that all inform correct to my own knowledge and	ded the birth of the child who was bor	malive at 5:58 pm anylom on the data Address URDANETA CITY PANG Date September 11, 2019 23 PREPARED BY	ASINAN
Si Ni Til	pnature JENEFER H. A JENEFER H. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that I attent ATTENDING	GUINALDO, MD., FPOGS PHYSICIAN stion supplied are true and traject.	malive at	ASINAN
Ni Ni Z2	gnature JENEFER 1. A THE PRINT THE DISTRICT TO PRINT THE PRINT T	ded the birth of the child who was bor	malive at	ASINAN) B. VALDEZ
Si Ni Ni Z2	gnature JENEFER H. A TENDING CERTIFICATION OF ATTENDANT Inhereby certify that I attent gnature JENEFER H. A TENDING CERTIFICATION OF INFORMANT Inhereby certify that all information correct to my own knowledge and ignature ANABEL T. autionship to the Child doress TABUYOC BINAL	GUINALDO, MD., FPOGS PHYSICIAN ation subplied are true and I shiple. ESCAT THER ONAN PANGASINAN	malive at 5:58 pm anylom on the data address URDANETA CITY PANGED BY Signature CHRISTIAN MEL CHRIST	ASINAN) B. VALDEZ DS STAFF
Si Ni Fi	gnature JENEFER H. A TTENDING CERTIFICATION OF ATTENDANT Inhereby certify that I attent gnature JENEFER H. A TTENDING CERTIFICATION OF INFORMANT Inhereby certify that all information correct to my own knowledge and ignature ANABEL T. autionship to the Child MOT Address TABUYOC BINAL September	GUINALDO, MD., FPOGS PHYSICIAN stion surpolied are true and transfer. FSCAT THER ONAN PANGASINAN 11, 2019	malive at 5:58 pm anylom on the data Address URDANETA CITY PANG Date September 11, 2019 23 PREPARED BY Signature CHRISTIAN MEL Name in Print MEDICAL RECOR	ASINAN) B. VALDEZ DS STAFF
Si Ni Ri A	gnature JENEFER H. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that all information or to my own knowledge and JENEFER H. A	GUINALDO, MD., FPOGS PHYSICIAN stion surpolied are true and transfer. FSCAT THER ONAN PANGASINAN 11, 2019	malive at 5:58 pm anylom on the date of th	B. VALDEZ DS STAFF
Si Ni	gnature JENEFER H. A JENEFER	GUINALDO, MD., FPOGS PHYSICIAN stion subplied are true and transition. ESCAT THER ONAN PANGASINAN 11, 2019	Malive at 5:58 pm anylom on the date of th	B. VALDEZ DS STAFF 019
SI NI RI AL DI 24 SI NI	gnature JENEFER 1. A gnature JENEFER 1. A gnature JENEFER 1. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that all informs correct to my own knowledge and ignature ANABEL T. actionship to the Child dicress TABUYOC BINAL dicress September RECEIVED BY gnature arme in Print ATTENDING ATTENDING CERTIFICATION OF INFORMANT I hereby certify that all informs correct to my own knowledge and ignature ANABEL T. ANABEL T. BY Grant TABUYOC BINAL Grant TA	GUINALDO, MD., FPOGS PHYSICIAN stion subplied are true and transition. ESCAT THER ONAN PANGASINAN 11, 2019	Malive at 5:58 pm anylom on the date of th	B. VALDEZ DS STAFF
SI NI RI AD 24 SI NI TI D	gnature JENEFER 1. A Trending or Position I hereby certify that I attent gnature JENEFER 1. A ATTENDING CERTIFICATION OF INFORMANT I hereby certify that all informs correct to my own knowledge and signature ANABEL T. ANABEL T. Be assonship to the Child September RECEIVED BY gnature RECEIVED BY gnature ANABEL T.	GUINALDO, MD., FPOGS PHYSICIAN stion surpplied are true and 1 third. FSCAT THER ONAN PANGASINAN 11, 2019	Malive at 5:58 pm anylom on the date of th	B. VALDEZ DS STAFF 019

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CLAIRE DENNIS S. MAPA, Ph. D. National Statistician and Civil Registrar General Philippine Statistics Authority niniana milio nan



ATISTA	AFTIDAVIT OF AUKNOWLEDGMEN	(Fire higher out or other 3 Associat 1966)				
3. 25	of legal age, amiliare the natural mother enclor father of Tacking, Egent, Egent, Egent, Sanaral, who was					
ANOW!	of legal age, amfare the natural mother antifor father of Tacker Taccer 50000000), who was born on the premiser 10, 2019, at Unitoneth City Pargeonas					
3	tick annulations multiply child	thfulness of the foregoing statements and for purposes of				
	(AREATO D GANAN CIA) (Signature Quer Printed Name of Father)	ANAPPL T. ESCAT				
	SUBSCRIBED AND SWORN to before me this	SEP 1 2 2019.				
	LOSITO C. CANDICAL And ANABIL T.	who exhibited to me his/her				
	CTCABING ID GAMANAL ANABIL T. OTOCABING ID ATTY DAR A DIGA ROTATY PUBLIC 10 2019	issued onat				
	PARTITION NO. 184784					
	Di Muse Manno in Prati	Publish / Tibe / Designation				
	Land to the state of the state					
	AFFIDAVIT FOR DELAYED RE (To be accomplished by the hospital/clinic administrator, father, mother)	er, or guardian or the person himself if 18 years old or over.)				
	residence and postal address at	of legal age, single/married/divorced/widow/widower, with				
		wom in accordance with law, do hereby depose and say:				
	That I am the applicant for the delayed registration of:	[변경기] 마셨다고 다시하면 되는데, [H				
	my birth in	on				
	- [-] - [-]	who was born in				
	That Une/she was attended at birth by					
	3. That I am/he/she is a citizen of					
	4. That my/his/her parents were married on	at				
		Whe'she was acknowledged/not acknowledged by my/his/her 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					
	레이트 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	hal 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 thisat	the state of the s				
		(Signature Over Printed Name of Affiant)				
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
	The state of the s	_day of at dippines, affiant who exhibited to me his/her CTC/valid ID				
	issued on	, pt				
	Signature of the Administering Officer	Position / Title / Designation				
	Name in Print	Address				

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BReN 05546-B19SA08-4

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National Statistician and Civil Registrar General
Philippine Statistics Authority

