



Municipal Form No. 102
(Revised August 2016)

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

to be accomplished in quadruplicate using black ink)

Province LEYTE		Registry No. 2021-707	
City/Municipality ISABEL			
CHILD	1. NAME (First) ANITA (Middle) BAGUION (Last) AMABAO		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 21 (Month) NOVEMBER (Year) 1956	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) ISABEL LEYTE (Province) LEYTE		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	6. WEIGHT AT BIRTH (First, Second, Third, etc.) SEVENTH D.K. grams
MOTHER	7. MAIDEN NAME (First) ANGELA (Middle) ROÑA (Last) BAGUION		
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 7	10b. No. of children still living including this birth 7	10c. No. of children born alive but are now dead 0
	11. OCCUPATION HOUSEKEEPER		12. AGE at the time of this birth (completed years) D.K.
FATHER	13. RESIDENCE (House No., St., Barangay) BILWANG (City/Municipality) ISABEL (Province) LEYTE (Country) PHILIPPINES		
	14. NAME (First) CASTOR (Middle) BOHOLST (Last) AMABAO		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION FARMER
	18. AGE at the time of this birth (completed years) D.K.		
19. RESIDENCE (House No., St., Barangay) BILWANG (City/Municipality) ISABEL (Province) LEYTE (Country) PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) DON'T KNOW		20b. PLACE (City / Municipality) (Province) (Country)	
21a. ATTENDANT			
1 Physician 2 Nurse 3 Midwife <input checked="" type="checkbox"/> 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 _____ am/pm on the date of birth specified above.			
Signature DECEASED		Address _____	
Name in Print TRADITIONAL MIDWIFE		_____	
Title or Position _____		Date _____	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____		Signature SWINIE D. YAMAS	
Name in Print EPIFANIA A. SIMBAJON		Name in Print ADMINISTRATIVE AIDE I	
Relationship to the Child NIECE		Title or Position November 26, 2021	
Address BILWANG, ISABEL, LEYTE		Date _____	
Date November 26, 2021			
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature SWINIE C. YAMAS		Signature NOEL R. GUBALANE	
Name in Print ADMINISTRATIVE AIDE I		Name in Print MUNICIPAL CIVIL REGISTRAR	
Title or Position November 26, 2021		Title or Position November 26, 2021	
Date _____		Date _____	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
DELAYED REGISTRATION			
0			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8	9	11	13
15	16	17	19

08090-H4-703ICA-00330-BI001

BEST POSSIBLE IMAGE

BReN
03722-A56XM02-5

CLAIRE DENNIS S. MAPA, Ph. D.



AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

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

EPIFANIA A. SIMBAJON

_____ of legal age, single/married/divorced/widow/widower, with residence and postal address at **BILWANG, ISABEL, LEYTE**

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 **ANITA BAGUION AMABAO**

who was born in _____

ISABEL, LEYTEon **November 21, 1956****Deceased**

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

3. That I am/he/she is a citizen of **the PHILIPPINES**

4. That my/his/her parents were ☐ married on **don't know** **don't know**

☒

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 **INATTENTION**

6. (For the applicant only) That I am married to _____
(If the applicant is other than the document owner) That I am the **NIECE** 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 **26TH** day of **November 2021** at **ISABEL, LEYTE**, Philippines.

EPIFANIA A. SIMBAJON

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this **26th** day of **2021** at **ISABEL, LEYTE**

03-9648133-3 issued on _____ at **ISABEL, LEYTE**

MUNICIPAL CIVIL REGISTRARSignature of the Administering Officer
NOEL R. GUBALANEPosition / Title / Designation
ISABEL LEYTE

Name in Print

Address