



**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**  
(For births before 3 August 1985) (For births on or after 3 August 1985)

I/We, Abbygale Villacorta and Romulo Jr. A. Estillore  
of legal age, am/are the mother and/or father of Raej Emmanuel Villacorta Estillore, who was  
born on September 29, 2020 at SAMCH-Basak San Nicolas, Cebu City, Cebu

I am/We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.  
ROMULO JR. A. ESTILLORE ABBYGALE VILLACORTA  
(Signature Over Printed Name of Father) (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 09-30-20 day of \_\_\_\_\_ by  
Romulo Jr. A. Estillore Abbygale Villacorta  
CTC/valid ID Voter's Id No. 392RAE10000 issued on \_\_\_\_\_ at \_\_\_\_\_

ATTY. DOMINIC A. DINO  
Notary Public for Cebu City  
Commission No. 111-09 Expires on December 30, 2020  
Roll No. 56281 / PTR No. 1968676 / BP-AR No. 35117673  
Issued on Jan. 2, 2020 at Cebu City  
Office Address of D. Jaksalem St., Brgy. Sto Niño, Cebu City  
Tel. no. 0908844981/09424005754  
Position / Title / Designation DOC. NO. 498  
Address PAGE NO. 83  
BOOK NO. 102  
SERIES OF 2020

**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:

- That I am the applicant for the delayed registration of  
 my birth in \_\_\_\_\_ on \_\_\_\_\_  
 the birth of \_\_\_\_\_ who was born in \_\_\_\_\_  
on \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
- That I am/he/she is a citizen of \_\_\_\_\_
- 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 \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_
- (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.
- 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 \_\_\_\_\_

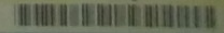
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CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





(To be accomplished in quadruplicate using black ink)

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

Municipal Form No. 202 (Revised August 2016)		Registry No <b>2020 19841</b>		
Province <b>CEBU</b>		City/Municipality <b>CEBU CITY</b>		
<b>CHILD BIRTH</b>	1. NAME (First) <b>RAEJ EMMANUEL</b>	(Middle) <b>VILLACORTA</b>	(Last) <b>ESTILLORE</b>	
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>29</b>	(Month) <b>SEPTEMBER</b> (Year) <b>2020</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) <b>SAINT ANTHONY MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU</b>			
	5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N. A.</b>	5c. BIRTH ORDER (Order of the birth to previous live births excluding total death) (First, Second, <b>FIRST</b> )	5d. WEIGHT AT BIRTH <b>3400</b> grams
<b>MOTHER</b>	7. MAIDEN NAME (First) <b>ABBYGALE</b> (Middle) <b>VILLACORTA</b> (Last) <b>VILLACORTA</b>			
	8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>		
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>NONE</b>
	13. RESIDENCE (House No., St., Barangay) <b>COGON PARDO</b>		(City/Municipality) <b>CEBU CITY</b>	(Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>
<b>FATHER</b>	14. NAME (First) <b>ROMULO JR.</b> (Middle) <b>ANUTA</b> (Last) <b>ESTILLORE</b>			
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>NONE</b>	
	19. RESIDENCE (House No., St., Barangay) <b>BASAK SAN NICOLAS</b>		(City/Municipality) <b>CEBU CITY</b> (Province) <b>CEBU</b> (Country) <b>PHILIPPINES</b>	
	MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>NOT MARRIED</b>		
21a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Hilot (Traditional Birth Attendant) <input type="checkbox"/> Others (Specify) _____ 21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>04:51 P.M.</b> am/pm on the date of birth specified above.				
Signature <i>Ma E. Eluse</i> Name in Print <b>DR. MAE N. ELUSE</b> Title or Position <b>Medical Specialist II</b>		Address <b>SAMCH - BASAK SAN NICOLAS</b> <b>CEBU CITY, CEBU</b> Date <b>SEPTEMBER 29, 2020</b>		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <i>Abby Gale Villacorta</i> Name in Print <b>ABBYGALE VILLACORTA</b> Relationship to the Child <b>Mother</b> Address <b>Cogon Pardo, Cebu City, Cebu</b> Date <b>September 29, 2020</b>		23. PREPARED BY for: <i>Susan G. Rapsing</i> Signature <i>Susan G. Rapsing</i> Name in Print <b>SUSAN G. RAPSING</b> Title or Position <b>Nurse-III</b> Date <b>September 29, 2020</b>		
24. RECEIVED BY Signature <i>Luiz N. Cugay</i> Name in Print <b>LUZ N. CUGAY</b> Title or Position <b>Administrative Aide III</b> Date <b>OCT 20 2020</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>Philipp A. Megabon</i> Name in Print <b>PHILIPP A. MEGABON</b> Title or Position <b>REGISTRATION OFFICER IV</b> Date <b>OCT 20 2020</b>		
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	

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