

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
**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.)

REMARKS/ANNOTATION

WITH AFFIDAVIT OF PATERNITY  
OF MATERNITY

(Copy for OCRG)  
SID: B63A59E643FC8A8C3218BE88905780C6F74F82430  
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LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ALFREDO C. SADAYA AND MARY-ANN M. LUMAGSAO  
ON AUGUST 07, 2000 AT ISABEL, LEYTE UNDER REGISTRY NUMBER 2022-2281. THE CHILD SHALL BE KNOWN  
AS: JESSAMYN LUMAGSAO SADAYA

Province <u>LEYTE</u>		Registry No. <u>95-1500</u>
City/Municipality <u>ORMOC</u>		
1. NAME (First) (Middle) (Last) <u>JESSAMYN</u> <u>LUMAGSAO</u>		
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>16</u> <u>April</u> <u>1995</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>San Isidro</u> <u>Ormoc City</u> <u>Leyte</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2722</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>MARY-ANN</u> <u>MARTIN</u> <u>LUMAGSAO</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>R.C.</u>
9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>housekeeper</u>		11. Age at the time of this birth: <u>21</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>San Isidro</u> <u>Ormoc City</u> <u>Leyte</u>		
13. NAME (First) (Middle) (Last) <u>ALFREDO</u> <u>CAGOL</u> <u>SADAYA</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>R.C.</u>
16. OCCUPATION <u>driver</u>		17. Age at the time of this birth: <u>27</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>		
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Mid (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:00P.M.</u> o'clock am/pm on the date stated above. Signature <u>Not available</u> Address <u>Cusak Ormoc City</u> Name in Print <u>Sabina Soroco</u> Title or Position <u>traditional midwife</u> Date <u>4.19.95</u>		
20. INFORMANT Signature <u>[Signature]</u> Address <u>San Isidro Ormoc City</u> Name in Print <u>Alfredo Sadaya</u> Relationship to the child <u>father</u> Date <u>4.19.95</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>Jocelyn R. Segovia</u> Title or Position <u>CRS</u> Date <u>4.19.95</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ARCHILLES A. SILVA</u> Title or Position <u>CITY CIVIL REGISTRAR</u> Date <u>4.19.95</u>

FOR OCRG USE ONLY  
Population Reference Bureau  
3938-MNH-903-7  
9501500  
1  
2 160995  
37382  
1  
02 2722  
1 1  
02 02 00  
220 21  
37382  
1 1  
985 27  
2  
4

MARZELA GRANADO  
Assistant Municipal Registrar  
Chief Registration Services

08467-H6-402ALL-00909-BI007



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03738-A95HG03-2

Documentary  
Stamp Tax Paid

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



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

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY 2530

We, ALFREDO SADAYA 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] Signature of Mother: \_\_\_\_\_ Community Tax No. 4586797 Date Issued 4.18.95 Place Issued Ormoc City

SUBSCRIBED AND SWORN to before me this 19th day of April, 1995 at Ormoc City, Philippines.

Signature of Administering Officer: [Signature] ARCHILLES A. SILVA (Name in Print) City Civil Registrar (Title/Designation) Ormoc City (Address)

Not applicable for births before 27 February 1981

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, \_\_\_\_\_ of legal age, single/married and with residence and postal address at \_\_\_\_\_ 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
2. That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
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 \_\_\_\_\_
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.

(Signature of Affiant) Community Tax No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Place Issued \_\_\_\_\_

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

(Signature of Administering Officer) (Title/Designation) (Name in Print) (Address)

08467-H6-402ALL-00909-BI007 BEST POSSIBLE IMAGE



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BRaN 03738-A95HG03-2

Documentary Stamp Tax Paid

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

