

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province <u>LEYTE</u>	Registry No. <u>2022-642</u>
City/Municipality <u>CITY OF BAYBAY</u>	

CHILD	1. NAME (First) (Middle) (Last) <u>ZACHARY EZEKIEL DACERA FUROG</u>		
	2. SEX (Male / Female) <u>MALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>11 APRIL 2022</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>WESTERN LEYTE PROVINCIAL HOSPITAL CITY OF BAYBAY LEYTE</u>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) <u>FIRST</u>

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>JUVY ANN DACERA</u>			
	8. CITIZENSHIP <u>FILIPINO</u>		9. RELIGION/RELIGIOUS SECT <u>CHRISTIAN EVANGELICAL FELLOWSHIP</u>	
	10a. Total number of children born alive <u>01</u>	10b. No. of children still living including this birth <u>01</u>	10c. No. of children born alive but are now dead <u>00</u>	11. OCCUPATION <u>HOUSEKEEPER</u>
	12. AGE at the time of this birth (completed years) <u>23</u>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. BIDLINAN CITY OF BAYBAY LEYTE PHILIPPINES</u>				

FATHER	14. NAME (First) (Middle) (Last) <u>ROMEL MAG-ASO FUROG</u>		
	15. CITIZENSHIP <u>FILIPINO</u>		16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	17. OCCUPATION <u>CONSTRUCTION WORKER</u>		18. AGE at the time of this birth (completed years) <u>26</u>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>BRGY. BIDLINAN CITY OF BAYBAY LEYTE PHILIPPINES</u>			

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) <u>NOT MARRIED</u>	20b. PLACE (City / Municipality) (Province) (Country) <u>NOT APPLICABLE</u>
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21a. ATTENDANT

1 Physician  2 Nurse  3 Midwife  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 03:02 PM am/pm on the date of birth specified above.

Signature  Address W.L.P.H. BAYBAY CITY, LEYTE

Name in Print CLAUDETTE HAZEL A. ESIC M.D.

Title or Position MEDICAL OFFICER III Date APRIL 11, 2022

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature

Name in Print ROMEL M. FUROG

Relationship to the Child FATHER

Address BRGY. BIDLINAN BAYBAY CITY, LEYTE

Date APRIL 16, 2022

23. PREPARED BY

Signature

Name in Print CINCINITA S. MORENO

Title or Position ADMINISTRATIVE AIDE-I

Date APRIL 16, 2022

24. RECEIVED BY

Signature

Name in Print TERESITA M. CARTON

Title or Position ASST. CIVIL REG. OFFICER

Date APR 28 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature

Name in Print NOEL V. MANAGBANAG

Title or Position CITY CIVIL REGISTRAR

Date APR 28 2022

**REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)**

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, ROMEL MAG-ASO FUROG and JUVY ANN DACERA,  
of legal age, am/are the natural mother and/or father of ZACHARY EZEKIEL DACERA FUROG, who was  
born on APRIL 11, 2022 at CITY OF BAYBAY, LEYTE.

I am /We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

  
ROMEL MAG-ASO FUROG  
(Signature Over Printed Name of Father)

NOT APPLICABLE  
(Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this 16th day of APRIL 2022, \_\_\_\_\_ by  
ROMEL MAG-ASO FUROG and NOT APPLICABLE, who exhibited to me his/her  
CTC/valid ID \_\_\_\_\_ issued on \_\_\_\_\_ at  
CITY OF BAYBAY, LEYTE.

  
Signature of the Administering Officer

NOEL V. MANAGBANAG  
Name in Print

CITY CIVIL REGISTRAR  
Position / Title / Designation

CITY OF BAYBAY, LEYTE  
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.)

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:

1. That I am the applicant for the delayed registration of:

my birth in \_\_\_\_\_ on \_\_\_\_\_

the birth of \_\_\_\_\_ who was born in \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_

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

3. That I am/he/she is a citizen of \_\_\_\_\_

4. 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 \_\_\_\_\_

5. That the reason for the delay in registering my/his/her birth was \_\_\_\_\_

6. (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.

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 \_\_\_\_\_ 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 \_\_\_\_\_