



Municipal Form No. 102
(Revised August 2018)

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

Province **CEBU** Registry No. **2022 21119**
City/Municipality **CEBU CITY**

CHILD
1. NAME (First) (Middle) (Last)
JAMES NATHANIEL SILAGPO BLAZA
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) (Month) (Year)
28 NOVEMBER 2022
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH CATCHER (Type of Catcher or device he/she used to hold/assist) (First, Second, Third, etc.) **SECOND** 5d. WEIGHT AT BIRTH (grams) **3,260**

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
KIMBERLY TAJADO SILAGPO
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **CALL CENTER AGENT** 12. AGE at the time of this birth (Completed years) **26**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
COGON DUMANJUG CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
JEMAR PURGATORIO BLAZA
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **ROOM ATTENDANT** 18. AGE at the time of this birth (Completed years) **28**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
COGON DUMANJUG CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Absence of Paternity at the LRA.)
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

21a. ATTENDANT
 1. Physician 2. Nurse 3. Midwife 4. Healer (Traditional Birth Attendant) 5. 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 **6:00 PM** on the date of birth specified above.

Signature _____ Address **VSMC, CEBU CITY**
Name in Print **MARY BETH NICHELLE H. DE LOS SANTOS, MD**
Title or Position **MEDICAL SPECIALIST III** Date **NOVEMBER 28, 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 **KIMBERLY T. SILAGPO**
Relationship to the Child **MOTHER**
Address **DUMANJUG, CEBU**
Date **NOVEMBER 28, 2022**

23. PREPARED BY
Signature _____
Name in Print **JEHSEL C. BARDINAS**
Title or Position **CLERK**
Date **NOVEMBER 28, 2022**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **Administrative Aide III**
Date **DEC 07 2022**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **PHILIPP A. MEGABON**
Title or Position **REGISTRATION OFFICER IV**
Date **DEC 07 2022**

REMARKS/ANNOTATIONS (For LCR/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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





AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION C. PATERNITY
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, JEMAR P. BLAZA and _____ of legal age, am/are the natural mother and/or father of _____ who was born on NOVEMBER 10, 2019 at ASHER JAMES S. BLAZA VICENTE SOTTO-MEMORIAL MEDICAL CENTER

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

JEMAR P. BLAZA
(Signature Over Printed Name of Father)

KIMBERLY T. LILAGPO
(Signature Over Printed Name of Mother)

NOV 11 2019

SUBSCRIBED AND SWORN to before me this _____ day of _____ by _____ and _____ who exhibited to me his/her

CTC/valid ID _____ issued on _____ at _____

PHIC NO. 12-025373816-8



DOC. No. 769
PAGE No. 75
BOOK No. 42
SERIES of 2019

ATTY. MARC ACHILLES M. PHUA
NOTARY PUBLIC
Position: _____
Roll of Arms, No. 3428 (SP) Area, No. 14-2, Cebu City, C. Luzon
PTR No. 702628 issued 11-14-19 Cebu City, Philippines
Office: _____ Building 79 B, Rodriguez St., Cebu City

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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CDSM

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National Statistician and Civil Registrar General
Philippine Statistics Authority

