

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No.		
City/Municipality MANDAUE CITY				
CHILD	1. NAME (First) SAPPHIRE KETHZIAH (Middle) COMPRA (Last) PEPITO			
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Month) 16 (Day) SEPTEMBER (Year) 2016		
	4. PLACE OF BIRTH (Name of Hospital, Sanitarium and General Hospital, Jagobiao) MANDAUE CITY (Province) CEBU			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2800 grams
MOTHER	7. MAIDEN NAME (First) VANESSA (Middle) CAÑETE (Last) COMPRA			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE
	12. AGE at the time of this birth (completed years) 21			
FATHER	13. RESIDENCE (House No., St., Barangay) BURGOS ST., POBLACION (City/Municipality) TABOGON (Province) CEBU (Country) PHILIPPINES			
	14. NAME (First) KELJI (Middle) MALINAO (Last) PEPITO			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION POLICEMAN
	18. AGE at the time of this birth (completed years) 24			
19. RESIDENCE (House No., St., Barangay) BURGOS ST., POBLACION (City/Municipality) TABOGON (Province) CEBU (Country) PHILIPPINES				
MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE		
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 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 07:10 PM am/pm on the date of birth specified above.				
Signature _____ Name in Print CYRUS WENDELL Q. ROMUGA, MD, DFM Title or Position MEDICAL OFFICER IV		Address C/O EVERSLEY CHILDS SANITARIUM, JAGOBIAO, MANDAUE CITY, CEBU Date SEPTEMBER 23, 2016		
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 _____ Name in Print VANESSA CAÑETE COMPRA Relationship to the Child MOTHER Address BURGOS ST., POBLACION, TABOGON, CEBU Date SEPTEMBER 23, 2016		Signature _____ Name in Print OFELIA LASTOMEN PEÑAS Title or Position DATA CONTROLLER I Date SEPTEMBER 23, 2016		
24. RECEIVED BY _____ Signature _____ Name in Print ANALIZA P. FONTANOZA Title or Position Nurse Aide Date _____		25. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print _____ Title or Position _____ Date _____		

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

BIRTH REGISTRATION

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

I/We, KELJI MALINAO PEPITO and VANESSA CAÑETE COMPRA
 of legal age, and/are the natural mother and/or father of EYNN JEFFERSON COMPRA PEPITO who was
 born on MAY 8, 2022 at WELL FAMILY MIDWIFE CLINIC, PAJAC, LAPU-LAPU 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

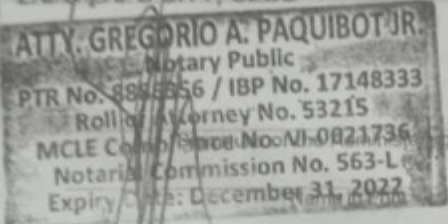
KELJI MALINAO PEPITO
 (Signature Over Printed Name of Father)

VANESSA CAÑETE COMPRA
 (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this MAY 13 2022 day of _____ by

KELJI MALINAO PEPITO and VANESSA CAÑETE COMPRA who exhibited to me his/her
 CTC/Child ID UNID ID CRN-D113-05C1256-3 issued on _____ at

LAPU-LAPU CITY, CEBU



Position / Title / Designation

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.)

_____, 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 _____, Philippines.
 _____ at _____

(Signature Over Printed Name of Affiant)