



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

Principal Form No. 101 (Revised August 2018)

Province: **CEBU** Registry No.: **2019 02920**

City/Municipality: **CEBU CITY**

1. NAME: **KHAI MATTHEW JAICTEN REPDOS**

2. SEX: **MALE** 3. DATE OF BIRTH: **20 January 2019**

4. PLACE OF BIRTH: **CRONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU**

5a. TYPE OF BIRTH: **SINGLE** 5b. IF MULTIPLE BIRTH CHILDREN: **N/A** 5c. BIRTH ORDER: **FIRST** 5d. WEIGHT AT BIRTH: **2850** grams

7. MAIDEN NAME: **KCLYN MARIE PIELAGO JAICTEN**

8. CITIZENSHIP: **FILIPINO** 9. RELIGION/RELIGIOUS SECT: **ROMAN CATHOLIC**

10a. Total number of children born alive: **ONE** 10b. No. of children still living including this birth: **ONE** 10c. No. of children born alive but are now dead: **NONE** 11. OCCUPATION: **SALES COORDINATOR** 12. AGE at the time of this birth (completed years): **26**

13. RESIDENCE: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU, PHILIPPINES**

14. NAME: **MIKHAIL CANETAN REPDOS**

15. CITIZENSHIP: **FILIPINO** 16. RELIGION/RELIGIOUS SECT: **CHRISTIAN** 17. OCCUPATION: **SERVICE ENGINEER** 18. AGE at the time of this birth (completed years): **29**

19. RESIDENCE: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU, PHILIPPINES**

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

20a. DATE: **NOT MARRIED** 20b. PLACE: **N/A**

21a. ATTENDANT: **XX** 1 Physician **XX** 2 Nurse **XX** 3 Midwife **XX** 4 Healer (Traditional Birth Attendant) **XX** 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH: I hereby certify that I attended the birth of the child who was born alive at **CRONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU** on the date of birth specified above at **05:41 PM**.

Signature: **MARIE ANN GAVIOLA MARAON, M.D.** Address: **CRONG HUA HOSPITAL, FUENTE OSMEÑA BLVD., CEBU CITY, CEBU**

Name in Print: **MARIE ANN GAVIOLA MARAON, M.D.** Date: **January 22, 2019**

Title or Position: **ATTENDING PHYSICIAN**

22. CERTIFICATION OF INFORMANT: I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: **KCLYN MARIE PIELAGO JAICTEN** Address: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU**

Name in Print: **KCLYN MARIE PIELAGO JAICTEN** Date: **January 22, 2019**

Relationship to the Child: **MOTHER**

23. PREPARED BY: Signature: **ELIZER SAGAYA DELA CERNA** Address: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU**

Name in Print: **ELIZER SAGAYA DELA CERNA** Date: **January 22, 2019**

Title or Position: **MEDICAL RECORDS STAFF**

24. RECEIVED BY: Signature: **LUZ R. CUGAY** Address: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU**

Name in Print: **LUZ R. CUGAY** Date: **JAN 31 2019**

Title or Position: **Administrative Aide III**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: **PHILIPPA A. MEGARON** Address: **66 C A. LOPEZ STREET LABANGON CEBU CITY, CEBU**

Name in Print: **PHILIPPA A. MEGARON** Date: **JAN 31 2019**

Title or Position: **REGISTRATION OFFICER IV**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

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

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BEST POSSIBLE IMAGE



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CSM

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





AFFIDAVIT OF KNOWLEDGMENT/ADMISSION PATERNITY

I/We MIKHAIL CARETAN REPDOS and KLYN MARIE PIELAGO JAICTEN of legal age, are the natural mother and/or father of CHAI MATTHEW JAICTEN REPDOS born on January 20, 2019 at CHONG HUA HOSPITAL, OSMEÑA BLVD., CEBU CITY

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child. MIKHAIL CARETAN REPDOS (Signature Over Printed Name of Father) KLYN MARIE PIELAGO JAICTEN (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this JAN 30 2019 day of by and who exhibited to me his/her CTC/valid ID 2458869 issued on at

Signature of the Administering Officer: ATTY. PAULO A. ESCOBER. Name in Print, Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian of 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 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 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.

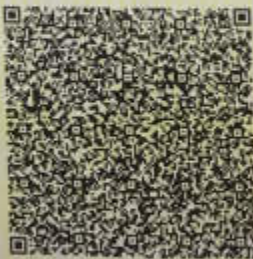
In truth whereof, I have affixed my signature below this day of at Philippines.

(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

Signature of the Administering Officer Position / Title / Designation Name in Print Address

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

