



Municipal Form No. 102 (Revised January 2007) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL **CERTIFICATE OF LIVE BIRTH** accomplished in quadruplicate using black ink

Province PALAWAN Registry No. 2011-1082  
 City/Municipality NARRA

**CHILD**

1. NAME (First) (Middle) (Last)  
KARYLLE ESTEFANO AGUILAR

2. SEX (Male / Female) Female 3. DATE OF BIRTH (Day) (Month) (Year)  
21 December 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) (Country)  
Antipuluan Narrra Palawan Philippines

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) Fourth 5c. BIRTH ORDER (check one box to indicate birth order including still-birth) (First, Second, Third, etc.) Fourth 5d. WEIGHT AT BIRTH 2948 grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
MARCIANA OKERDRO ESTEFANO

8. CITIZENSHIP Filipino 8. RELIGION/RELIGIOUS SECT R. Catholic

10a. Total number of children born alive 4 10b. No. of children still being including this birth 4 10c. No. of children born alive but are now dead 0 11. OCCUPATION Housekeeper 12. AGE at the time of this birth (completed years) 34

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
Antipuluan Narrra Palawan Philippines

**FATHER**

14. NAME (First) (Middle) (Last)  
ABRILANDO SANTIAGO AGUILAR

15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT R. Catholic 17. OCCUPATION Laborer 18. AGE at the time of this birth (completed years) 39

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
Antipuluan Narrra Palawan Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
 20a. DATE (Month) (Day) (Year) December 01 1995 20b. PLACE (City / Municipality) (Province) (Country)  
Narra Palawan Philippines

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 11:20 AM on the date of birth specified above.

Signature [Signature] Address Antipuluan, Narrra, Palawan  
 Name in Print JINES CALIS  
 Title or Position RHU MIDWIFE Date April 7, 2011

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
 Signature [Signature] 23. PREPARED BY  
 Name in Print MARILYN P. DE GUZMAN  
 Relationship to the Child Mother Title or Position Clerk  
 Address Antipuluan, Narrra, Palawan Date April 7, 2011

24. RECEIVED BY  
 Signature [Signature] 25. REGISTERED BY THE CIVIL REGISTRAR  
 Name in Print REGULATION OFFICER II Signature [Signature]  
 Title or Position REGULATION OFFICER II Name in Print HONITO N. CERVANCIA  
 Date April 7, 2011 Title or Position MUN. CIVIL REGISTRAR  
 Date April 7, 2011

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)  
"Delayed Registration"

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR  
 8 9 11 13 15 16 17 19  
01 01 2011 01 01 799

05632-5B-130EOA-00157-BI004

BEST POSSIBLE IMAGE

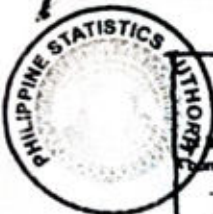


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BReN  
 05315-B012M03-3

Documentary  
 Stamp Tax Paid

*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, Ph.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority



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

I/We, \_\_\_\_\_ and \_\_\_\_\_ legal age, declare the natural mother and/or father of \_\_\_\_\_ who was born on \_\_\_\_\_ at \_\_\_\_\_

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

\_\_\_\_\_  
(Signature Over Printed Name of Father) \_\_\_\_\_  
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who exhibited to me (his/her) \_\_\_\_\_

Community Tax Cert. No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of the Administering Officer \_\_\_\_\_ Position / Title / Designation \_\_\_\_\_  
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.)

**MARCIANA E. AGUILAR** of legal age, single/married/divorced/widow/widower, with residence and postal address at Antiguluan, Marso, Palawan after having been duly sworn to 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 KIRELLE S. AGUILAR who was born in Antiguluan, Marso, Palawan on December 1, 2001 by JURGEN CARLOS who resides at \_\_\_\_\_
- That she/he was attended at birth by Antiguluan, Marso, Palawan
- That I am/she/he is a citizen of the Philippines
- That my/his/her parents were  married on December 1, 1995 at Marso, Palawan  not married but she/he 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 negligence
- (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 \_\_\_\_\_ 7th day of April 2011 at Marso, Palawan Philippines.

M. Aguilara  
(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ 7th day of April 2011 at \_\_\_\_\_ Philippines, affiant who exhibited to me his Community Tax Cert. No. 16794476 issued on 02/05/01 at Marso, Palawan

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

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BEST POSSIBLE IMAGE



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