

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province LEYTE	Registry No. 2023-1423
City/Municipality HILONGOS	

CHILD	1. NAME (First) (Middle) (Last) JAYDEN EMMELINE IGOT SAURO		
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 17 NOVEMBER 2023	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) PICSON MATERNITY CLINIC HILONGOS LEYTE		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) JESSEL IGOT			
	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 HOUSEKEEPER
	12. AGE at the time of this birth (completed years) 25			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. CARIDAD SUR MATALOM LEYTE PHILIPPINES				

FATHER	14. NAME (First) (Middle) (Last) JAY PALALON SAURO		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT PROTESTANT
	17. OCCUPATION COMPUTER TECHNICIANS		18. AGE at the time of this birth (completed years) 25
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. CARIDAD SUR MATALOM LEYTE 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
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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 **06:35 PM** am/pm on the date of birth specified above.

Signature _____ Address **BRGY. LUNANG, HILONGOS, LEYTE**

Name in Print **DINA M. BONGGA**

Title or Position **REGISTERED MIDWIFE** Date **NOVEMBER 22, 2023**

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 **JESSEL IGOT**

Relationship to the Child **MOTHER**

Address **BRGY. CARIDAD SUR, MATALOM, LEYTE**

Date **NOVEMBER 22, 2023**

23. PREPARED BY

Signature _____

Name in Print **DINA M. BONGGA**

Title or Position **REGISTERED MIDWIFE**

Date **NOVEMBER 22, 2023**

24. RECEIVED BY

Signature _____

Name in Print **ALBERT S. ROA**

Title or Position **REGISTRATION OFFICER II**

Date **NOV 22 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **ERNESTO M. FULACHE**

Title or Position **MUNICIPAL CIVIL REGISTRAR**

Date **NOV 22 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



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

8	9	11	13	15	16	0	1	0	8	0	2	1	6	0	8	0	3	7	3	4	0	1	9	9	3	1	2	6	0	8	0	3	7	3	4
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AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, JAY PALALON SAURO and JESSEL IGOT of legal age, am/are the natural mother and/or father of JAYDEN EMMELINE IGOT SAURO, who was born on NOVEMBER 17, 2023 at PICSON MATERNITY CLINIC, HILONGOS, 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

JAY PALALON SAURO
(Signature Over Printed Name of Father)

JESSEL IGOT
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 22nd day of NOVEMBER 2023 by JAY PALALON SAURO and JESSEL IGOT, who exhibited to me his/her CTC/valid ID PHILSYS I.D. NO. 6214-9084-0576 issued on _____ at MATALOM, LEYTE

Signature of the Administering Officer

ERNESTO MA. FULACHE
Name in Print

MUNICIPAL CIVIL REGISTRAR

Position / Title / Designation

HILONGOS, 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 _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address