



Republic of the Philippines  
Office of the Civil Registrar General

**CERTIFICATE OF LIVE BIRTH**

Province <b>ZAMBOANGA DEL SUR</b>		Registry No. <b>003 - 336</b>																											
City/Municipality <b>PAGADIAN CITY</b>																													
(First) <b>CHRISYL FAITH</b>		(Middle) <b>CABELLON</b>	(Last) <b>SAYSON</b>																										
2. SEX (Male / Female) <b>FEMALE</b>	3. DATE OF BIRTH (Day) <b>17</b> (Month) <b>DECEMBER</b> (Year) <b>2012</b>																												
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) <b>BORBON GENERAL HOSPITAL, INC PAGADIAN CITY ZAMBO. DEL SUR</b> (City/Municipality) (Province)																													
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the birth to previous births including lost death) (First, Second, Third, etc.) <b>FIRST</b>	6. WEIGHT AT BIRTH <b>2721</b> grams																										
7. MAIDEN NAME (First) <b>CHESAN</b> (Middle) <b>ESCARDA</b> (Last) <b>CABELLON</b>																													
8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>																											
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>STUDENT</b>																										
12. AGE of the (time of this birth) (completed years) <b>18</b>																													
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>DIPOLO MOLAVE ZAMBO. DEL SUR PHILS.</b>																													
14. NAME (First) <b>CHRISLY</b> (Middle) <b>ALMADIN</b> (Last) <b>SAYSON</b>																													
15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>																											
17. OCCUPATION <b>STUDENT</b>		18. AGE at the time of the birth (completed years) <b>20</b>																											
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>BLANCIA MOLAVE ZAMBO. DEL SUR PHILS.</b>																													
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)																													
20a. DATE (Month) (Day) (Year) <b>NOT MARRIED</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>REA,</b>																											
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 <b>11:05 PM</b> on the date of birth specified above																													
Signature <i>Romelyn P. de Castro</i>		Address <b>PAGADIAN CITY</b>																											
Name in Print <b>ROMALYN P. DE CASTRO, M.D.</b>		Date <b>DECEMBER 23, 2012</b>																											
Title or Position <b>OB-GYNE</b>																													
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 <i>Chrisly A. Sayson</i>		Signature <i>Marjolie B. Mascual</i>																											
Name in Print <b>CHRISLY A. SAYSON</b>		Name in Print <b>MARJULIE B. MASCUAL</b>																											
Relationship to the Child <b>FATHER</b>		Title or Position <b>CLERK</b>																											
Address <b>BLANCIA, MOLAVE, ZAMBO. DEL SUR</b>		Date <b>DECEMBER 23, 2012</b>																											
Date <b>DECEMBER 23, 2012</b>																													
24. RECEIVED BY		25. REGISTERED BY THE CIVIL REGISTRAR																											
Signature <i>Freneliza N. Guirnaldo</i>		Signature <i>Leonardo C. Acorda</i>																											
Name in Print <b>FRENELIZA N. GUARNALDO</b>		Name in Print <b>LEONARDO C. ACORDA</b>																											
Title or Position <b>Asst. Reg'n Officer</b>		Title or Position <b>Civil Registrar</b>																											
Date <b>1-14-13</b>		Date <b>1-14-13</b>																											
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)																													
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR																													
8	9	11	13	15	16	17	19																						
0	1	0	8	0	2	1	6	0	8	0	7	3	1	9	0	1	0	8	0	2	3	6	0	8	0	7	3	1	9

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*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 births before 3 August 1988) (For births on or after 3 August 1988)

We, CHRISLY A. SAYSON and CHESAN E. CABELLON,  
 age, am/are the natural mother and/or father of CHRISYL FAITH CABELLON SAYSON, who was  
 born on DECEMBER 17, 2012 at BORBON GENERAL HOSPITAL, INC

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

CHRISLY A. SAYSON MARHULE MASCUAL CHESAN E. CABELLON  
 (Signature Over Printed Name of Father) WITNESS (Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 14th day of January, 2013 by  
CHRISLY A. SAYSON and CHESAN E. CABELLON, who exhibited to me (his/her)  
 Community Tax Cert. No. 25308684/25308683 issued on DECEMBER 21, 2012 at  
PRK MASANAGON DIPOLO, MOLAVE, ZAMBO. DEL SUR.

Signature of the Administering Officer: LEONARDO C. ACORDA  
 City Civil Registrar  
 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:

- 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 Community Tax Cert.  
 issued on \_\_\_\_\_ at \_\_\_\_\_

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

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