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City/ivid/iiCipa	inty-:: "	HUSBAND	100344 433		WIFE	2333233
Name of Contracting	(First) JETHRO A	NUMBER AND PLANT	2000	MIKKO ZILL	AH	
Parties	(Middle BOMBRIC (Last) ROSELLO	4244442280234422	(Middle	DELA CORT	Δ.	
2a Date of Birth		(Month) (Year)	(Age) (1	9.9.0.000	(Month) (Year)	(Age
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25.533.344.2	SANTA MARIA, E	SULACAN, PHILIPPINES	(Country) ORM((City/Municipality DC CITY, LE	YTE, PHILIPPINES	(Country
4a. Sex 4b. Citizenship	MALE (House No. St	FILIPINO Barangay City/Municipality, Province		EMALE No. SI	(Categorship) FILIPINO	
5. Residence	BRGY, HIPUSNO LEYTE, PHILIPP	60, CIT/ OF BAYBAY.		Y. CURVA. C	Barangay, City:Municipality, DRMOC CITY, LEYTE	
6 Religion/ Religious Sec	1	BAPTIST		BORN	AGAIN CHRISTIAN	
7. Civil Status		SINGLE			SINGLE	
8. Name of	(First)	(Middle) (La		(First)	(Middle)	(Last)
Father 9. Citizenship	ANTONIO	CALUNANGAN ROSE	LLO			
10. Maiden Name		FILIPINO				
of Mother	ANNABELLE	Middle) (Las SOME		(First) RIA EMMA	(Middle) SQLIJON DEI	(Last) LA CORTA
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12 Name of Persons Wals Who Gave Consent or	(First)	(Middle) (Las		(First)	(Middle) S DEI	(Last) LA CORTA
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io. Neidikonship		PARENTS Barangay City/Municipality Province	e Country	(House No. St		Province County
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LISA GRACE S. BERSALES, Ph.D.
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	1. NAME (First)	(Middle) (East)		
	MIKKO ZILLAH 2. SEX (Place 'X' on appropriate answer)	DETA CORTA 3. DATE OF BIRTH (Day) (Month) (Year)		
	1 Male X 2 Femals	4 April 1993		
	PLACE OF (Name of Hospital/Institution: if not in/ BIRTH hospital, give street/barangay)	(City/Municipality); (Province)		
	Brgy. Curve,	Ormoc City Leyte		
	5a. TYPE OF BIRTH (Place 'X' on appropriate answer)	b. IF MULTIPLE BIRTH, CHILD WAS		
	X1 Single 2 Twin 3 Three or more.	1 First2 Second3 Third, 4th, etc		
	b 6. MAIDEN '(First) (Middle) (Last) NAME EMMA DELA CORTA			
	9. NAME (First) (Middle) (Last)	P.TT., R. C.		
	O311C1OW31	I/A N/A		
	12. DATE AND PLACE OF MARRIAGE OF PARENTS(Important if n	ot applicable, fill Affidavit of Acknowledgment at the back).		
	13. CERTIFICATE OF ATTENDANT AT BIRTH			
	t hereby certify that I attended the birth of the child who	o was born alive at 11:00clack alactor, on the date stated above.		
	Signature	Address		
	Name in print Title or position Praditional Midwife	Date		
	14. INFORMANT Jedula Conta			
	Signature YEANA DET & CORTA	Address Brgy. Curvo, Ormoc City		
	Relationship to child	Date		
	15a, PREPARED BY	b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR		
	Signature San Juntation Name in print TRAT TRAPTITA	Signature		
	Title or position Casual Employee	Name in print ACCRILLES A. SILVA Title or position OIS City Civil Registrar		
	Date June 15, 7993	Date June 15, 1993		
	168. INFORMATION GIVEN IN SUPPLEMENTAL REPORT	b. DATE WHEN INFORMATION WAS SUPPLIED		
	(important: informant should also	provide information for Items 17 to 25. The code boxes		
	y are to be filled out at	the Office of the Local Civil Registrar) . Registration		
	PROVINCE TRYTE	Local Civil Registry No. Status		
	CITY/MUNICIPALITY ORDIOC CTTY	8 15		
	Y To Service (In grams)	18. Birth Order of Child (first, second, etc.)		
	2 19a. Total Number of Ob b. How ma	any children are C . How many children ing including . were born alive but C .		
	Alive 1 22 this bin			
AND SERVICE	22 11-1 12-14	of this Birth 19		
	Brains Channel Or	moc City (Province) 37362		
	C & Suar Occupation Z al D	24. Age at the time of this Birth TY/A		
	Moli Applicable 38 o 25. Attendant at Birth (Place 'X' on appropriate answer)	41		
		cian2 Nurse Traditionalilot 5 Others 45		
	Sex Date of Birth Place	of Birth Nationality Nationality		
	124 SU((((() (1) S) 51) NAN	13 MH		
		M.I. Last		
	MI KKU 14/14/4 [GORTA 1/16 K 1/4]			
	"IPAKITA SA MUNDO,	UMAASENSO NA TAYO".		

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BReN 03738-A93H401-3

Documentary Stamp Tax Paid Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

parents/



AFFIDAVIT OF ACKNOWLEDGMENT

(Both parents	or the mother alone may	accomplish the Affidavit)
	and	
The second second		

parent of the child mentioned in the Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)	(Signature of Mother)	
Residence Certificate No.	Residence Certificate No.	
Date Issued	Date Issued	
Place Issued	Place Issued	
SUBSCRIBED AND SWORN to before me this at, Philippines.	day of	19 _
(Signature of Administering Officer)	(Title/Designation)	
(Name in Print)	(Address)	H

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Not applicable for births prior to Fobruary 27, 1931. Either the person himself if 21 years old or over, or father/mother/guardian may accomplish the affidavit)

I Trun Doln Corta, of legal age, single/married and with residence and postal address

of legal age, single/married and with residence and postal address, after having been duly sworn to in accordance with law, do hereby of Bryy. Curve. Ormoc City depose and say:

- 1. That I am the applicant for the delayed registration of my birth / of the birth of Hillion Zillen dela Corte.

 2. That I/he/she was born on April 4, 1993

 3. That I/he/she is a citizen of Phillippines.
- 4. That the reason for the delay in registering my/his/her birth was due to Described negligace.
- 5. That a copy of my/his/her birth certificate is needed for the purpose of OCTABLESTRIC birth record.
- 6. a. (For the applicant only) That I am married to _

Loller Ca. Ta	
(Signature of Affiant) SUBSCRIBED AND SWORN to before me this.	Residence Cartificate No. 13556845 Date Issued 15-13-1356845 Date Issued 15-13-1356845 Date Issued 2000 Cartificate No. 1356845
at Octoo City Orto Philippines.	010 - City Siv I Registrer

(Title/Designation)

Omnoe Carty (Address

HOW TO ACCOMPLISH THIS FORM

- 1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar, and keep the third copy for your personal file.
- Type or write legibly in Ink on the blank spaces provided.
- Fill up all Items in this form completely and accurately.
- 4. For correctness and accuracy of data, the mother or the father shall be preferred as Informant over any other person.
- 5. The Informant shall be asked to sign Item 14 of this form upon completion. Before doing so he should review the answers for each item and make sure that the entries made therein are all correct and that the name of the child as well as the names of the parents are correctly spelled
- 6. Registration status refers to whether or not registration is delayed. If delayed, place "2" in box 15, otherwise place "1"

PENALTY CLAUSE OF ACT NO. 3753

Section 16—False Statements—Any person who shall knowingly make false statements in the forms furnished and shall present the entry in the civil registrar, shall be punished by imprisonment for not less than one month nor more than six, or by a line of not less than two hundred pesos nor more than five hundred or both, in the discretion of the court.

Section 17—Failure to Report—Other Violations—Any person whose duty is to report any fact concerning the civil status of persons and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred

on 18—Neglect of Duty with Reference to the Provisions of this Act. Any local civil registrar who fails to properly perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished, for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal Section 18-Neglect of Duty with Reference to the Provisions of this Act. from the service.

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