



REMARKS/ANNOTATION

Delayed Registration of Birth

Registry No. 2004-1682

CHILD	1. NAME (First) (Middle) (Last)	
	MARILYN ESPINOSA MARANGUIT	
	2. SEX 1 Male <input type="checkbox"/> 2 Female <input checked="" type="checkbox"/>	3. DATE OF BIRTH (day) (month) (year) 30 July 1963
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) Brgy. Pangasugan, Baybay, Leyte	
MOTHER	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>	b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify <input type="checkbox"/>
	c. BIRTH ORDER (live births and fetal deaths including this delivery) tenth (first, second, third, etc.)	d. WEIGHT AT BIRTH 2722 grams
	6. MAIDEN NAME (First) (Middle) (Last) NACIANCINA VEGA ESPINOSA	
	7. CITIZENSHIP Filipino	8. RELIGION Rom. Cath.
FATHER	9a. Total number of children born alive: 10	b. No. of children still living including this birth: 09
	c. No. of children born alive but are now dead: 01	
	10. OCCUPATION Housekeeper	11. Age at the time of this birth: dk years
FATHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Brgy. Pangasugan, Baybay, Leyte	
	13. NAME (First) (Middle) (Last) JUANITO PIANMONTE MARANGUIT	
	14. CITIZENSHIP Filipino	15. RELIGION Rom. Cath.
	16. OCCUPATION Farmer	17. Age at the time of this birth: dk years

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51

12	2722
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730	72	74


70

100

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1997

Married but don't know

_____ 1 Physician _____ 2 Nurse _____ 3 Midwife
_____ 4 Healer (Traditional Midwife) _____ 5 Others (Specify)

I hereby certify that I attended the birth of the child who was born alive at _____ o'clock
am/pm on the date stated above.

Signature Not available during registration Address Baybay, Leyte
Name in Print DRA. LETECIA PEREZ
Title or Position Physician Date July 30, 1963

Signature [Signature] Address Box, Pangasinan
Name in Print MARILYN M. BELARMINO Dayday, Leyte
Relationship to the child Applicant Date July 6, 1964

Signature *[Signature]*
Name in Print HOLITA A. ANDRES
Title or Position Clerk
Date July 16, 2004

THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print _____
Title or Position _____
Date July 16, 2004

Signature _____
Name in Print _____
Title or Position _____
Date July 18, 2004

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

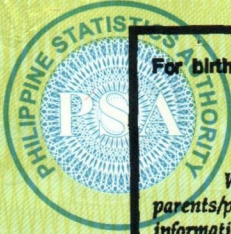
National Statistician and Civil Registrar General
Philippine Statistics Authority



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MJ300304997





For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and _____
 parents/parent of the child mentioned in this 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)
 Community Tax No. _____
 Date Issued _____
 Place Issued _____

 (Signature of Mother)
 Community Tax No. _____
 Date Issued _____
 Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____,
 at _____, Philippines.

 (Signature of Administering Officer)

 (Name in Print)

 (Title/Designation)

 (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, Marilyn M. Belarmino, of legal age, single/married
 and with residence and postal address at Brig. Pangasinan, Baybay, Leyte
 after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That Marilyn E. Merenguit at _____
3. That I/he/she was born on July 30, 1963 at Brig. Pangasinan, Baybay, Leyte
Drs. Leticia Perez who resides at Baybay, Leyte
4. That I/he/she is a citizen of the Phils.
5. That my/his/her parents were ☒ married on Don't know at _____
☐ not married but was acknowledge by my/his/her father whose
 name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. ☐ (For the applicant only) General That I am married to Jovenel Belarmino
☐ (For the father/mother/guardian) That I am the _____ of the said person.

Mmmmmmm
 (Signature of Affiant)
 Community Tax No. XX
 Date Issued XX
 Place Issued XX

SUBSCRIBED AND SWORN to before me this 16th day of July, 2004,
 at Baybay, Leyte, Philippines.

TERESITA C. MUÑEZ
 (Signature of Administering Officer)
 (Name in Print)

Baybay, Leyte
 (Title/Designation)
 (Address)

05624-09-105ABG-00240-BI003

BEST POSSIBLE IMAGE



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BReN

03708-A63PW05-8

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority