

Documentary Stamp Tax Paid

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Page 1 of 2

Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	DAVAO ORIENTAL	Registry No.	2020-3622
City/Municipality	MATI		

CHILD	1. NAME NOEL (First) DE VEYRA (Middle) BORIGON (Last)	2. SEX (Male / Female) MALE	3. DATE OF BIRTH 20 (Day) FEBRUARY (Month) 1981 (Year)
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) MATI (City/Municipality) DAVAO ORIENTAL (Province)	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	6. WEIGHT AT BIRTH 3000 grams	
	7. MAIDEN NAME AURORA (First) DE VEYRA (Middle) DE VEYRA (Last)	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
MOTHER	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead
	11. OCCUPATION HOUSEPARENT	12. AGE at the time of this birth (completed years)	
	13. RESIDENCE (House No., St., Barangay) MATI (City/Municipality) DAVAO ORIENTAL (Province) PHILIPPINES (Country)		
FATHER	14. NAME GARCIANO (First) BORIGON (Middle) BORIGON (Last)	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	17. OCCUPATION WAREHOUSE AIDE	18. AGE at the time of this birth (completed years)	
	19. RESIDENCE (House No., St., Barangay) MATI (City/Municipality) DAVAO ORIENTAL (Province) PHILIPPINES (Country)		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) DAY (Day) YEAR (Year) DONT KNOW	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) X

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 _____ am/pm on the date of birth specified above.

Signature _____ Address NOT APPLICABLE
Name in Print DONT KNOW
Title or Position NOT APPLICABLE Date NOT APPLICABLE

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 KONTA A. DORIAS
Relationship to the Child RELATIVE
Address BRGY. TINAG-AN ALBUERA, LEYTE
Date JUNE 30, 2020

23. PREPARED BY

Signature _____
Name in Print MARIA LUISA VIGORANADA
Title or Position MUNICIPAL CIVIL REGISTRAR
Date JUNE 30, 2020

24. RECEIVED BY

Signature _____
Name in Print PROSMARY M. GUILLENA
Title or Position ADMINISTRATIVE OFFICER V
Date AUGUST 25, 2020

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
Name in Print CHERYL B. CABAABAO, MPS.
Title or Position CITY CIVIL REGISTRAR
Date SEPTEMBER 4, 2020

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

OUT OF TOWN LATE REGISTRATION REGISTERED TO RULE 20 OF ADMINISTRATIVE ORDER NO. 1 SERIES OF 1993

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

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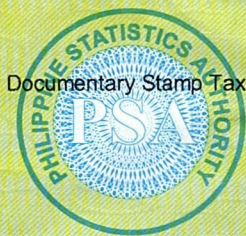
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CSM

CLAIRE DENNIS S. MAPA, 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)

I/We, _____ and _____
of legal age, am/are 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

CTC/valid ID _____ 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 or the person himself if 18 years old or over.)
LOLITA A. BORIAS

_____ **BRGY. TINAG-AN ALBUERA, LEYTE** 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 _____ **MATI, DAVAO ORIENTAL**
☐ the birth of _____ **FEBRUARY 20, 1995** born in _____
_____ **ON TRADITIONAL MIDWIFE**

2. That **MATI, DAVAO ORIENTAL** birth by _____ who resides at _____
_____ **PHILIPPINES**

3. That I am/he/she is a citizen of _____ **DONT KNOW**

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 **DUE TO NEGLIGENCE** in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____ **RELATIVE**
(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 the _____ **30th JUNE 2020**
_____ at _____, Philippines.

LOLITA A. BORIAS

(Signature Over Printed Name of Affiant)

30th JUNE 2020

ALBUERA, LEYTE **SUBSCRIBED AND SWORN** to before me this _____ day of _____ at _____
178387247 **FEBRUARY 20, 2020**, Philippines, **ALBUERA, LEYTE** issued to me his/her CTC/valid ID _____
_____ issued on _____ at _____

MUNICIPAL CIVIL REGISTRARSignature of the Administering Officer
MARIA LUISA V. GRANADAPosition / Title / Designation
ALBUERA, LEYTE

Name in Print

Address



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