

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province	CAGAYAN BAGGAO			Registry No.	2025-893				
C H I L D	1. NAME MICHAELA	(Middle) SANTIAGO	(Last) CORPUZ						
	2. SEX(Male / Female) FEMALE	3. DATE OF BIRTH BAGGAO RURAL HEALTH UNIT/BIRTHING CENTER	(Day) 7	(Month) DECEMBER	(Year) 2025				
	4. PLACE OF BIRTH House No., St., Barangay)	(Name of Hospital/Clinic/Institution/ BAGGAO RURAL HEALTH UNIT/BIRTHING CENTER		(City/Municipality) BAGGAO	(Province) CAGAYAN				
	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 3,000 grams					
	7. MAIDEN NAME MICHELLE ANN	(Middle) BAGOTSAY	(Last) SANTIAGO						
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 HOUSE KEEPER (OWN HOME)	12. AGE at the time of this birth(completed years) 19					
13. RESIDENCE (House No., St., Barangay) TAGUNTUNGAN	(City/Municipality) BAGGAO		(Province) CAGAYAN	(Country) PHILIPPINES					
14. NAME RODEN	(Middle) TAGUIAM	(Last) CORPUZ							
15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION RICE FARMER	18. AGE at the time of this birth(completed years) 29						
19. RESIDENCE (House No., St., Barangay) TAGUNTUNGAN	(City/Municipality) BAGGAO	(Province) CAGAYAN	(Country) PHILIPPINES						
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)									
20a. DATE (Month) NOT MARRIED	(Day) NOT MARRIED	(Year)	20b. PLACE (City / Municipality)	(Province) NOT APPLICABLE	(Country)				
21a. ATTENDANT XX									
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 3:45 AM on the date of birth specified above. Signature ROSELLA A. TUSCANO, RM Address _____									
Name in Print MIDWIFE-II Date DECEMBER 12, 2025									
Title or Position _____									
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature RODEN T. CORPUZ									
Name in Print FATHER									
Relationship to the Child TAGUNTUNGAN, BAGGAO, CAGAYAN									
Address DECEMBER 12, 2025									
Date _____									
24. RECEIVED BY Signature Cherry A. Chua									
Name in Print CHERRY A. CHUA									
Title or Position ADMINISTRATIVE ASST. II									
Date DECEMBER 26, 2025									
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		

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

1/W_e RODEN TAGUIAM CORPUZ

and
MICHAELA SANTIAGO-CORPUZ

of legal age, am/are the natural mother and/or father of **MICHAELA SANTIAGO CONCEZ**, who was born on **DECEMBER 07, 2025** at **BAGGAO RHU/BIRTHING CENTER**.

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

~~RODEN TAGUAM CORPUZ~~

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 26TH day of DECEMBER 2025 ✓ by
RODEN TAGUIAM CORPUZ and _____, who exhibited to me his/her
CTC/valid ID PHILHEALTH 06-025331372-5 issued on _____ at
BAGGAO, CAGAYAN

Signature of the Administering Officer
ATANACIO G. TUNGPALAN
Name in Print

MUNICIPAL CIVIL REGISTRAR

Position/ Title / Designation

BAGGAO, CAGAYAN

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

REPUBLIC OF THE PHILIPPINES (Provincial Registry Office)		(To be accomplished in quadruplicate)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>For Civil Registration, Accurately and Legibly, the Date of Registration Please Indicate the Appropriate Answer in Boxes 2, 3, 10 and 11.</small>			
Province: Cagayan	City/Municipality: Tuguegarao	Registry No.: 2006-804	REMARKS/ANNOTATION
1. NAME <input type="text"/> First: MICHELLE ANN <input type="text"/> Middle: BAGOT SAY <input type="text"/> Last: SANTIAGO		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 3. DATE OF BIRTH <input type="text"/> Day: 22 <input type="text"/> Month: August <input type="text"/> Year: 2006	
4. PLACE OF BIRTH <input type="text"/> Name of Hospital/Civic/Community/ <input type="text"/> (City/Municipality) <input type="text"/> (Province) BIRTH <input type="text"/> House No. Street Barangay		5. TYPE OF BIRTH <input type="checkbox"/> Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplets, etc. 6. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third, etc.	
7. BIRTH ORDER <input type="checkbox"/> First birth and still alive <input type="checkbox"/> (including this delivery) FIRST <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third, etc.		8. RELIGION <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic	
9. MOTHER'S NAME <input type="text"/> First: Mariano <input type="text"/> Middle: Cagatcagat <input type="text"/> Last: Bagotsay		10. FATHER'S NAME <input type="text"/> First: Michael <input type="text"/> Middle: Martin <input type="text"/> Last: Santiago	
11. CITIZENSHIP <input type="checkbox"/> Filipino		12. RELIGION <input type="checkbox"/> Catholic	
13. OCCUPATION <input type="text"/> Housekeeper		14. AGE AT THE TIME OF BIRTH <input type="text"/> 26 years	
15. RESIDENCE <input type="text"/> House No. Street, Barangay: <input type="text"/> Angang <input type="text"/> (City/Municipality) <input type="text"/> Tuguegarao <input type="text"/> (Province) <input type="text"/> Cagayan		16. CITIZENSHIP <input type="checkbox"/> Filipino	
17. OCCUPATION <input type="text"/> Farmer		18. RELIGION <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic	
19. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Annex A of this instrument/Admission of Paternity at the back)			
20. MARRIED <input type="checkbox"/> Not Married			
21. ATTENDANT <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)			
22. CERTIFICATION OF BIRTH <small>Indicate if this instrument certifies the birth of the child who was born alive on <input type="text"/> or stillborn on <input type="text"/> (Date and Month)</small> 23. SIGNATURE OF BIRTH <small>Indicate if this instrument certifies the birth of the child who was born alive on <input type="text"/> or stillborn on <input type="text"/> (Date and Month)</small> 24. SIGNATURE OF MOTHER 25. SIGNATURE OF FATHER			
26. INFORMATION 27. PREPARED BY 28. CIVIL REGISTRAR 29. SIGNATURE 30. DATE			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <input type="text"/> Name in Print <input type="text"/> Title or Position <input type="text"/> Date			

04507-25-008MMC-00216-B1002

BEST POSSIBLE IMAGE

BRN
01526-B06RN013

T008045070080021605942012002

Documentary
Stamp Tax Paid

Carmelita N. Ericita
CARMELITA N. ERICITA
 Administrator and Civil Registrar General
 National Statistics Office

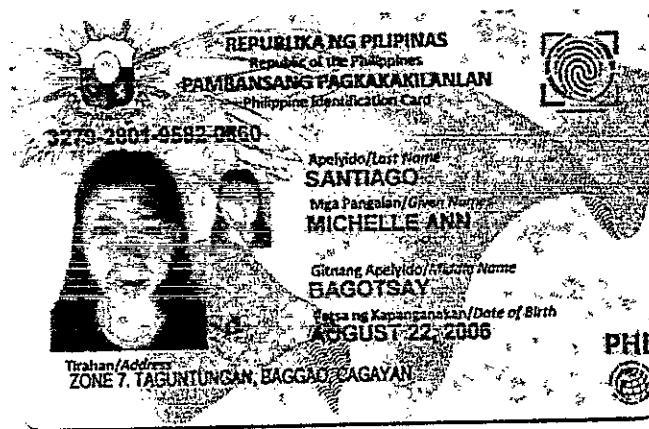
REMARKS/ANNOTATION

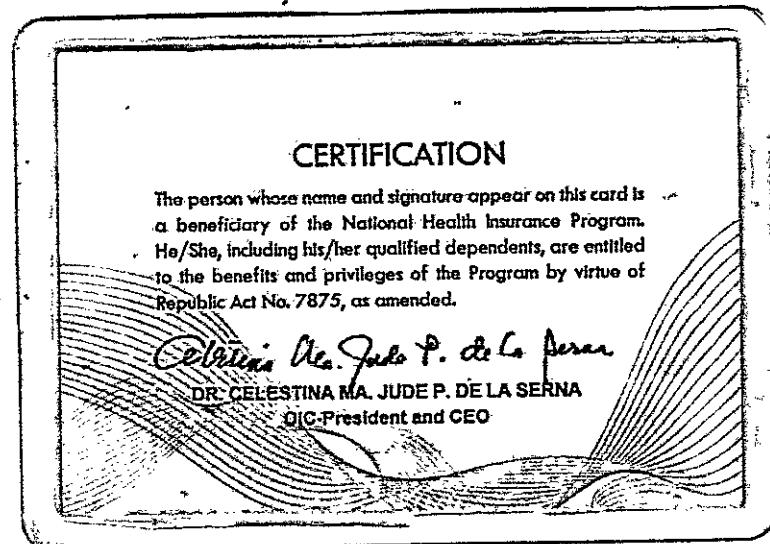
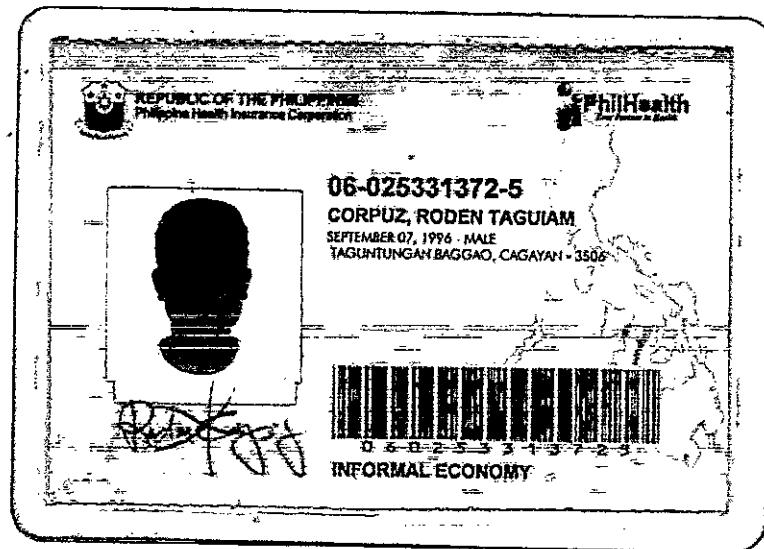
06592-50-103 (AS-100057-5) 1002

BRON

Documentary

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority







Republic of the Philippines
Province of Cagayan
Municipality of Baggao
BARANGAY TAGUNTUNGAN



OFFICE OF THE PUNONG BARANGAY

**Barangay Officials
C.Y.2023-2025**

LUDIVINA S. DE LEON
Punong Barangay

Sangguniang Barangay Members

JOBIT A. SAMBO
FLORO A. VUELTA
JONATHAN L. GINEZ
ROLEX G. DECHOSO
JUDY R. SAMBO
NELBROD A. NATIVIDAD
MARIETA L. MARTIN

CALVIN V. MARTIN
SK Chairman

BRENDA M. DUMALANTA
Barangay Secretary

GINA P. ABARQUEZ
Treasurer

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that base on available record/s of this office **MR. RODEN T. CORPUZ**, a bona fide resident of Zone 7, Barangay Taguntungan, Baggao, Cagayan has never been accused of any violation of Municipal Ordinances, Barangay Ordinances, Presidential Decrees and/or Any Letter of Instruction.

This certification is issued upon request of the above-named person for the purpose of **PROCESSING HIS LIVE BIRTH**.

Issued this 11th day of December, 2025 at Barangay Taguntungan, Baggao, Cagayan.

Signature of Applicant

GINA P. ABARQUEZ
Barangay Treasurer

LUDIVINA S. DE LEON
Punong Barangay

Certification Fee: PHP 100.00
Official Receipt No.: 1234567890
Date of Issuance: 12-12-2024
Place of Issuance: Taguntungan, Baggao, Cagayan

Note: This certification is not valid if there are erasures or alterations.