

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

892

Province CAGAYAN		Registry No. 2025-892					
City/Municipality BAGGAO							
CHILD	1. NAME (First) HAZNEEN KWYN (Middle) ANTONIO (Last) SAMBO						
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) 22 (Month) DECEMBER (Year) 2025					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) 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.) SECOND	6. WEIGHT AT BIRTH 2,990 grams			
MOTHER	7. MAIDEN NAME (First) JOLINA (Middle) GUIMAY (Last) ANTONIO						
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT BORN AGAIN				
	10a. Total number of children born alive 2	10b. No. of children still living including this birth 2	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEKEEPER (OWN HOME)	12. AGE at the time of this birth (completed years) 26		
	13. RESIDENCE (House No., St., Barangay) TAGUNTUNGAN (City/Municipality) BAGGAO (Province) CAGAYAN (Country) PHILIPPINES						
FATHER	14. NAME (First) JAKE (Middle) CARANGUIAN (Last) SAMBO						
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT BORN AGAIN	17. OCCUPATION CORN FARMER	18. AGE at the time of this birth (completed years) 28		
	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) (Day) (Year) DECEMBER 04, 2017		20b. PLACE (City / Municipality) (Province) (Country) RIZAL CAGAYAN PHILIPPINES					
21a. ATTENDANT ____ 1 Physician ____ 2 Nurse XX 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 7:51 AM am/pm on the date of birth specified above.							
Signature _____ Name in Print CHITA B. NOLASCO, RM Title or Position MIDWIFE II		Address BAGGAO, CAGAYAN Date DECEMBER 23, 2025					
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 JAKE C. SAMBO Relationship to the Child FATHER Address TAGUNTUNGAN, BAGGAO, CAGAYAN Date DECEMBER 23, 2025		23. PREPARED BY Signature _____ Name in Print JOEYFREY B. CABUNOT Title or Position CLERK-I Date DECEMBER 23, 2025					
24. RECEIVED BY Signature _____ Name in Print LEIZEL L. CORRALES Title or Position REGISTRATION OFFICER I Date DECEMBER 23, 2025		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print ATAMACIO G. FUNGPALAN Title or Position MUNICIPAL CIVIL REGISTRAR Date DECEMBER 23, 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

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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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