

REPUBLIC OF THE PHILIPPINES									
OFFICE OF THE CIVIL REGISTRAR GENERAL									
CERTIFICATE OF LIVE BIRTH									
PROVINCE LANAO DEL SUR						REGISTRY NO. 43243			
CITY/MUNICIPALITY PIAGAPO									
CHILD	1. NAME			(FIRST)	(MIDDLE)	(LAST)			
	MANZARUL			ISLAM		RANA			
	2. SEX		(MALE/FEMALE)	3. DATE OF BIRTH			30 JANUARY 2023		
	MALE								
MOTHER	4. PLACE OF BIRTH			(NAME OF HOSPITAL/CLINIC/INSTITUTION/ HOUSE NO.,ST.,BARANGAY)			(CITY/MUNICIPALITY)		(PROVINCE)
	DHAKA HOSPITAL			BUTIG			LANAO DEL SUR		
	5A. TYPE OF BIRTH		5B. IF MULTIPLE BIRTH, CHILD WAS		5C. BIRTH ORDER		6. WEIGHT AT BIRTH		
(SINGLE, TWIN, TRIPLET, ETC)		(FIRST, SECOND, THIRD ETC.)		(ORDER OF THIS BIRTH TO PREVIOUS LIVE BIRTHS INCLUDING FETAL DEATH)		(FIRST, SECOND, THIRD ETC.)			
SINGLE				FIRST		400 (GRAMS)			
FATHER	7. MAIDEN NAME			(FIRST)	(MIDDLE)	(LAST)			
	RABEYA			SULTANA		SULTANA			
	8. CITIZENSHIP			FILIPINO			9. RELIGION		
	ISLAM								
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		12. AGE AT THE TIME OF THIS BIRTH	
2		2		2				(COMPLETED YEARS)	
13. RESIDENCE			(HOUSE NO.,ST.,BARANGAY)			(CITY/MUNICIPALITY)		(PROVINCE)	(COUNTRY)
MIRPUR			BUTIG			LANAO DEL SUR		PHILIPPINES	
ATTENDER	14. NAME			(FIRST)	(MIDDLE)	(LAST)			
	MD			BEPARY		BEPARY			
	15. CITIZENSHIP		16. RELIGION		17. OCCUPATION		18. AGE AT THE TIME OF THIS BIRTH		
	FILIPINO		ISLAM		323		(COMPLETED YEARS)		
19. RESIDENCE			(HOUSE NO.,ST.,BARANGAY)			(CITY/MUNICIPALITY)		(PROVINCE)	(COUNTRY)
MIRPUR			BUTIG			LANAO DEL SUR		PHILIPPINES	
MARRIAGE OF PARENTS									
20A. DATE				06 MARCH 2023			20B. PLACE		
							(CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)		
				BUTIG			LANAO DEL SUR PHILIPPINES		
21A. ATTENDANT									
1 PHYSICIAN ☒ 2 NURSE ☐ 3 MIDWIFE ☐ 4 HILOT (TRADITIONAL BIRTH ATTENDANT) ☐ 3 HILOT ☐ 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 11:12 AM ON THE DATE OF SPECIFIED ABOVE.									
SIGNATURE _____					ADDRESS KAPASIA, GAZIPUR				
NAME IN PRINT DHAKA									
TITLE OR POSITION KAPASIA, GAZIPUR					DATE 06 MARCH 2023				
22. CERTIFICATION OF INFORMANT					23. PREPARED BY				
I HEREBY CERTIFY THAT ALL INFORMATION SUPPLIED ARE TRUE AND CORRECT TO MY OWN KNOWLEDGE AND BELIEF.									
SIGNATURE _____					SIGNATURE _____				
NAME IN PRINT JALAL UDDIN					NAME IN PRINT HANIFA HADJI YASSER				
RELATIONSHIP TO THE CHILD					TITLE OR POSITION CLERK 1				
UNCLE					DATE _____				
ADDRESS KAPASIA									
DATE 06 MARCH 2023									
24. RECEIVED BY					25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR				
SIGNATURE _____					SIGNATURE _____				
NAME IN PRINT NORAIDA CORNELL					NAME IN PRINT NANAYAON MANALOCON				
TITLE OR POSITION CLERK 2					TITLE OR POSITION MUNICIPAL CIVIL REGISTRAR				
DATE _____					DATE _____				



Copy Only

AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PATERNITY

(FOR BIRTHS BEFORE 3 AUGUST 1988)

AFFIDAVIT OF ACKNOWLEDGEMENT/ADMISSION OF PATERNITY

(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 GURDIAN OR THE PERSON
HIMSELF IF 18 YEARS OLD OR OVER.)

JALAL UDDIN _____, OF LEGAL AGE
SINGLE/MARRIED/DIVORCED/WIDOW/WIDOWER, WITH RESIDENCE AND POSTAL ADDRESS AT
KAPASIA _____

_____ AFTER HAVING BEEN FULLY 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 **MANZARUL ISLAM RANA** _____ WHO WAS BORN IN
BUTIGLANAO DEL SUR _____ ON
30 JANUARY 2023 _____.

2. THAT I/HE/SHE WAS ATTENDED AT BIRTH BY **DHAKA** _____
WHO RESIDES AT
KAPASIA, GAZIPUR _____

3. THAT I/HE/SHE IS A CITIZEN OF **FILIPINO** _____.

4. THAT MY/HIS/HER PARENTS
WERE _____

5. THAT THE REASON FOR THE DELAY IN REGISTERING MY/HIS/HER BIRTH WAS
TEST REASON _____.

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.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____ AT

JALAL UDDIN _____
(SIGNATURE OVER PRINTED NAME OF AFFIANT)

_____, PHILIPPINES, AFFIANT WHO EXHIBITED TO ME HIS/HER CTC/VALID

ISSUED ON _____ AT _____



IN THE NAME OF ALLAH
THE MERCHIFUL, THE COMPASSIONATE

MUNICIPAL FORM NO. 102 (REVISED AUGUST 2017, ATTACHMENT)		(TO BE ACCOMPLISHED IN QUADRUPLICATE USING BLACK INK)		
PROVINCE LANAO DEL SUR		REGISTRY NO. 43243		
CITY/MUNICIPALITY PIAGAPO				
1. NAME OF CHILD		(FIRST) MANZARUL	(MIDDLE) ISLAM	(LAST) RANA
2. DATE OF BIRTH		30 JANUARY 2023		
GREGORIAN CALENDAR				
HIJRAH CALENDAR		14 08 1444		
3. ETHNICITY OF THE FATHER ETHNICITY OF THE FATHER		4. ETHNICITY OF THE MOTHER ETHNICITY OF THE MOTHER		
5. INFORMANT				
SIGNATURE		ADDRESS		
		KAPASIA		
NAME IN PRINT				
JALAL UDDIN				
RELATIONSHIP TO THE CHILD		DATE		
UNCLE		06 MARCH 2023		