

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2015-1531		
City/Municipality TALISAY CITY		(Last)		
CHILD	1. NAME (First) (Middle) (Last) ZAC NATHANIEL SEGUERRA	2. SEX (Male/Female) MALE		
	3. DATE OF BIRTH (Day) (Month) (Year) 13 MAY 2015	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) TALISAY DISTRICT HOSPITAL SAN ISIDRO TALISAY CITY CEBU		
	5a. TYPE OF BIRTH (Single/Twin, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of the birth or sequence for twins including stillbirth) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 2,200 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) SHERYL LAICA MORTOS SEGUERRA	8. CITIZENSHIP FILIPINO		
	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	10. OCCUPATION (When not reporting any occupation) 19		
	12a. Total number of children born alive 1	12b. No. of children still being included in this birth 1	12c. No. of children born alive but not from (D&B) 0	12. AGE at the time of the (Last) (Middle) (First) (Year) 19
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) ZONE 4, DUMLOG, TALISAY CITY, CEBU, PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last)	15. CITIZENSHIP		
	16. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)	17. OCCUPATION		
	18. RELIGION/RELIGIOUS SECT		18. AGE at the time of the (Last) (Middle) (First) (Year)	

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

20a. DATE (Month) (Day) (Year) 20b. PLACE (City/Municipality) (Province) (Country)

21a. ATTENDANT

1. Physician 2. Nurse 3. Midwife 4. Healer (Traditional Birth Attendant) 5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)

I hereby certify that I attended the birth of the child who was born alive at **2:24 AM** am/pm on the date of birth specified above.

Signature: *[Signature]* Address: **TALISAY DISTRICT HOSPITAL**
 Name in Print: **DR. KAREN KRISTY QUIRANOLA / DR. AMELLYST SAN ISIDRO TALISAY CITY, CEBU**
 Title or Position: **MEDICAL OFFICER III MAS GONZAGA** Date: **May 18, 2015**

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.	23. PREPARED BY
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Name in Print: SHERYL LAICA M. SEGUERRA	Name in Print: JULIE ANN V. ALO
Relationship to the Child: MOTHER	Title or Position: NURSE II
Address: ZONE 4, DUMLOG, TALISAY CITY, CEBU	Date: May 18, 2015
Date: May 18, 2015	

24. RECEIVED BY	25. REGISTERED BY THE CIVIL REGISTRAR
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Name in Print: MARIE GRACE B. DIONGZON	Name in Print: FERRIT LOURDES G. GABANERO
Title or Position: COMPUTER PROGRAMMER I	Title or Position: CITY CIVIL REGISTRAR
Date: JUN 09 2015	Date: JUN 09 2015

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2017-0929**
City/Municipality **TALISAY CITY**

CHILD

1. NAME (First) **ABDULRAHMAN** (Middle) (Last) **SEGUERRA**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **25** (Month) **APRIL** (Year) **2017**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **ESPAÑOLA BIRTHING HOME DUMLOG** (City/Municipality) **TALISAY CITY** (Province) **CEBU**
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of the birth to produce live births including fetal death) (First, Second, Third, etc.) **SECOND** 6. WEIGHT AT BIRTH **2,600** gram

MOTHER

7. MAIDEN NAME (First) **SHERYL LAICA** (Middle) **MORTOS** (Last) **SEGUERRA**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
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 **NONE** 12. AGE at the time of birth (completed year) **21**
13. RESIDENCE (House No., St., Barangay) **DUMLOG** (City/Municipality) **TALISAY CITY** (Province) **CEBU** (Country) **PHILIPPINES**

FATHER

14. NAME (First) **N/A** (Middle) **N/A** (Last) **N/A**
15. CITIZENSHIP **N/A** 16. RELIGION/RELIGIOUS SECT **N/A** 17. OCCUPATION **N/A** 18. AGE at the time of birth (completed year) **N/A**
19. RESIDENCE (House No., St., Barangay) **N/A** (City/Municipality) **N/A** (Province) **N/A** (Country) **N/A**

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

20a. DATE (Month) (Day) (Year) **N/A** 20b. PLACE (City / Municipality) (Province) (Country) **N/A**

21a. ATTENDANT
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 **02:21 PM** am/pm on the date of birth specified above.

Signature _____ Address **ESPAÑOLA BIRTHING HOME**
Name in Print **REA D. SANDIGAN** **DUMLOG, TALISAY CITY, CEBU**
Title or Position **MIDWIFE** Date **APRIL 25, 2017**

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 **SHERYL LAICA M. SEGUERRA**
Relationship to the Child **MOTHER**
Address **DUMLOG, TALISAY CITY, CEBU**
Date **APRIL 25, 2017**

23. PREPARED BY
Signature _____
Name in Print **VIRICK B. ESPAÑOLA**
Title or Position **MIDWIFE**
Date **APRIL 25, 2017**

24. RECEIVED BY
Signature _____
Name in Print **MAE CHERYL A. NANEJA**
Title or Position **ADMN. AIDE I**
Date **APR 26 2017**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print **FEBRITO LOURDES G. CABAÑERO**
Title or Position **CITY CIVIL REGISTRAR**
Date **APR 26 2017**

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)





Request No. 0024334241

Date :12/08/2023

TO WHOM IT MAY CONCERN

This is to certify that Ms Sheryl Laica segaerra (Emp No.20453332), Production Specialist is an employee of Wipro Limited, since 09/01/2023

As per our records his/her Salary details in Philippine Peso is as follows :

BASE SALARY	17610.00
13 MONTH BASIC	1467.50
SSS	2155.00
PAG-IBIG	100.00
PHIL HEALTH	352.17
PROCESS BASED PERFORMANCE	1200.00
NIGHT DIFFERENTIAL PAY	3522.00
CLOTHING ALLOWANCE	200.00
LAUNDRY ALLOWANCE	300.00
RICE SUBSIDY	1500.00
MEDICAL	400.00
MONTHLYGROSS	28806.67

This certificate is issued at employee request

For Verification of this letter, you can get in touch with goletter_verification@wipro.com

For WIPRO LIMITED,

Tanmay Agarwal

VP & Head Global People Operations