



(Copy for OCRG)

(To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in boxes 2, 5a, 5b and 71a.)

Province: <u>CEBU</u> City/Municipality: <u>TUBURAN</u>	Registry No. <u>302-606</u>
1. NAME (First, Middle, Last) <u>REYNALDO ABUELA PUERTO</u>	
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
3. DATE OF BIRTH (MM) (Month) (Year) <u>12 April 2002</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Bagasawe, Tuburan, Cebu</u>	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.	
b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others Specify _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u>	
d. WEIGHT AT BIRTH _____ grams <u>3,000</u>	
6. MAIDEN NAME (First, Middle, Last) <u>OPHELIA NAPOLES ABUNDA</u>	
7. CITIZENSHIP <u>Pilipino</u>	
8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>1</u>	
b. No. of children still living including this birth: <u>1</u>	
c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEKEEPER</u>	
11. Age at the time of this birth: <u>27</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bagasawe, Tuburan, Cebu</u>	
13. NAME (First, Middle, Last) <u>REYNALDO SENTILLAS PUERTO</u>	
14. CITIZENSHIP <u>Pilipino</u>	
15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Driver</u>	
17. Age at the time of this birth: <u>29</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Putat, September 21, 2000- Tuburan, Cebu</u>	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:30 P.M.</u> on the date stated above.	
Signature: <u>[Signature]</u> Address: <u>Daan Lungnod, Tuburan, Cebu</u> Name in Print: <u>CECILIO GABETE</u> Title or Position: <u>HILIT</u> Date: <u>April 23, 2002</u>	
20. INFORMANT Signature: <u>[Signature]</u> Address: <u>Bagasawe, Tuburan, Cebu</u> Name in Print: <u>REYNALDO PUERTO</u> Relationship to the child: <u>FATHER</u> Date: <u>April 23, 2002</u>	
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>SUSAN W. TABAUGON</u> Title or Position: <u>CLERK III</u> Date: <u>APRIL 23, 2002</u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>MARIO F. POTENCIOSO</u> Title or Position: <u>MUN. CIVIL REGISTRAR</u> Date: <u>APR 23 2002</u>	

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE

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BReN  
02252-B02GC04-8

Documentary  
Stamp Tax Paid

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

