



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (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 items 2, 5a, 5b and 19a.)

Province Leyte City/Municipality Ormoc City Registry No. 200-949

1. NAME (First) (Middle) (Last)
MELODY ABANDONADO FUENTES

2. SEX 2 Female **3. DATE OF BIRTH** (day) (month) (year)
20 February 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
OSP-Parmera' Medical Center Ormoc City Leyte

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. **b. IF MULTIPLE BIRTH, CHILD WAS**
1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery) **d. WEIGHT AT BIRTH**
1st (first, second, third, etc.) 2381 grams

6. MAIDEN NAME (First) (Middle) (Last)
Fe Behelst Abandonado

7. CITIZENSHIP Filipino **B. RELIGION** R. Catholic

9a. Total number of children born alive: 1 **b. No. of children still living including this birth:** 1 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION Housewife **11. Age at the time of this birth:** 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Calunasan, Merida Leyte

13. NAME (First) (Middle) (Last)
Emecio Velarde Puentes

14. CITIZENSHIP Filipino **15. RELIGION** R. Catholic

16. OCCUPATION Industrial Electrician (PNOG-EDC) **17. Age at the time of this birth:** 34 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
September 23, 1999 - Merida Leyte

19a. ATTENDANT
2 Physician 4 Hilot (Traditional Midwife) 3 Nurse 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 1:45 PM o'clock am/pm on the date stated above.

Signature _____ Address Ormoc City
 Name in Print JUDELA LIZA V. RODRIGUEZ, M.D.
 Title or Position OB/GYN Date February 28, 2000

20. INFORMANT
 Signature _____ Address Cogan, Ormoc City
 Name in Print EMECIO V. FUENTES
 Relationship to the child Father Date February 28, 2000

21. PREPARED BY
 Signature _____
 Name in Print MARC K. RODRIGUEZ
 Title or Position Medical Clerk
 Date February 28, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____
 Name in Print DELIA S. PIROGO
 Title or Position Registration Officer IV
 Date 2/29/2000

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 3738-B00DL03-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BReN
03738-B00DL03-9

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



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