



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 Bohol Registry No. 2005-2430

City/Municipality Tagbilaran City

CHILD

1. NAME (First) (Middle) (Last)
FRANCIS KYRA PUERTOS SEDENO

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
31 MAY 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
GOV. CELESTINO GALLARES MEM. HOSPITAL, TAGBILARAN CITY, BOHOL

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)
1st (first, second, third, etc.)

d. WEIGHT AT BIRTH 3402 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
LOYDA BARBARONA PUERTOS

7. CITIZENSHIP Filipino 8. RELIGION RC

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 Checker 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Abehlan San Isidro Bohol

FATHER

13. NAME (First) (Middle) (Last)
LEONARD PALAMING SEDENO

14. CITIZENSHIP Filipino 15. RELIGION RC

16. OCCUPATION Production operator 17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT MARRIED

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Other's (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12:56 AM o'clock am/pm on the date stated above.

Signature [Signature] Address GCGMH, Tagbilaran City
Name in Print JONAR MAJA T. DAMAZO, MD Date May 31, 2005
Title or Position Medical Officer III

20. INFORMANT
Signature [Signature] Address Abehlan, San Isidro, Bohol
Name in Print LEONARD P. SEDENO Date May 31, 2005
Relationship to the child Father

21. PREPARED BY
Signature [Signature]
Name in Print LEONARDA D. BODIONGAN, RN
Title or Position Nursing Attendant I
Date May 31, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR...
Signature [Signature]
Name in Print GLORIA P. TIGRO
Title or Position Regn. Off. II
Date June 7, 2005

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 80502430

48 1

49 50 2 310505

56 12427

61 1

62 64 013402

68 69 1 1

70 72 74 01 01 00

78 79 490 24

81 12377

86 87 1 1

88 91 X20 20

93 2

94 1 00 07 05

CSM