(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines

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
City/Municipality: CITY OF TAGBILARAN
Registry No. 94 - 376

CHILD

1. NAME (First) CARL LEONARD (Middle) MONREAL (Last) PRADERA

2. SEX XX 1 Male ___ 2 Female

3. DATE OF BIRTH (day) (month) (year): 16 February 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) (City/Municipality) (Province): [illegible] HOSP. & INC. TAGBILARAN CITY BOHOL

5a. TYPE OF BIRTH ___ 1 Single ___ 2 Twin ___ 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS na/ 1 First ___ 2 Second ___ 3 Others, Specify ___

c. BIRTH ORDER (live births and fetal deaths including this delivery): first (first, second, third, etc.)

d. WEIGHT AT BIRTH: 3600 grams

MOTHER

6. MAIDEN NAME (First) CARLEITA (Middle) CURITIOO (Last) MONREAL

7. CITIZENSHIP FIL.

8. RELIGION R. CATHOLIC

9a. Total number of children born alive: 01

b. No. of children still living including this birth: 01

c. No. of children born alive but are now dead: 00

10. OCCUPATION RURAL HEALTH MIDWIFE - DOH

11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province): POB. NORTE CLARIN BOHOL

FATHER

13. NAME (First) LEONARDO (Middle) GUTIERREZ (Last) PRADERA

14. CITIZENSHIP FIL.

15. RELIGION R. CATHOLIC

16. OCCUPATION PROPRIETOR - FISH BOAT BUSINESS

17. Age at the time of this birth: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
26 January 1991 Loon, Bohol

19a. ATTENDANT XX 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify) ___

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12:31 PM o'clock am/pm on the date stated above.

Signature: [signature]
Name in Print: DR. ROSALINDA L. PINAAN, FPOGS
Title or Position: physician
Address: CITY OF TAGB.
Date: 2-21-94

20. INFORMANT
Signature: [signature]
Name in Print: CARLEITA PRADERA
Relationship to the child: Mother
Address: Clarin, Bohol
Date: 2-21-94

21. PREPARED BY
Signature: [signature]
Name in Print: eduryod
Title or Position: med. records clerk
Date: 2-21-94

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: GLORIA T. IPONG
Title or Position: Clerk III
Date: 24 February 1994

Coding boxes: 9 4 0 0 3 7 6 | 1 | 1 1 6 0 2 9 4 | 1 2 4 2 7 | 1 | 0 1 3 6 0 0 | 1 1 | 0 1 0 1 0 0 | 0 6 7 3 7 | 1 2 1 4 5 | 1 1 | 0 2 5 5 | 1 | 1