

One Montage - Cebu >

Mandaue

Lapu-Lapu

800 Maribago >

Cebu City

ELL ISLAND

AGUANTA ISLAND

LAVA ISLAND

Cordova

Liloa

Tolotolo

Yati

Consolacion

Tayud

Tayud

PIAZZA ELESIA

NASIPIT

LIGHTS DENS

Pusok

SANGI

Basak

Pajac

Agus

Marigondon

Ibabao

Dapitan

Suba-Basbas

Bangbang





Municipal Form No. 102  
(Revised January 1993)  
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.)

(Copy for OCRG)

REMARKS/ANNOTATION

SID: B0C53F45213E89B271849093DC8E659AE072159  
0027/2019 06:19:37 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ELMER TAPIA AND ROSALIA DIGAYNON ON OCTOBER 28, 2000 AT LAPU-LAPU CITY, CEBU UNDER REGISTRY NUMBER 2002-106. THE CHILD SHALL BE KNOWN AS:  
EMERSON DIGAYNON TAPIA

Province Cebu Registry No. 97-3632  
City/Municipality Lapu Lapu city

1. NAME (First) (Middle) (Last)  
EMERSON CAPALIT DIGAYNON

2. SEX  1 Male  2 Female

3. DATE OF BIRTH (day) (month) (year)  
12 July 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
LLCDH Lapu Lapu City Cebu

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 (five births and fetal deaths including this delivery) 1st (first, second, third, etc.)

d. WEIGHT AT BIRTH 3586 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Rosalia Capalit Digaynon

7. CITIZENSHIP Fil. 8. RELIGION R.C

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 none 11. Age at the time of this birth: 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Abuno Lapu Lapu City Cebu

13. NAME (First) (Middle) (Last)  
unknown

14. CITIZENSHIP N/A 15. RELIGION

16. OCCUPATION N/A 17. Age at the time of this birth: \_\_\_\_\_ years

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

19a. ATTENDANT  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 8:40 o'clock am/pm on the date stated above.

Signature [Signature] Address \_\_\_\_\_  
Name in Print DR. BOLIVAR T. MENDOZA JR. Address LLCDH  
Title or Position Attending physician Date July 12, 1997

20. INFORMANT  
Signature [Signature] Address \_\_\_\_\_  
Name in Print ROSALIA DIGAYNON Address Abuno, LLC  
Relationship to the child Mother Date July 12, 1997

21. PREPARED BY  
Signature [Signature]  
Name in Print RIZA ANN TAMPUS  
Title or Position Staff nurse  
Date July 12, 1997

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print ELI P. YCONG  
Title or Position CCR.  
Date July 17, 1997

226-A97NC03-2  
9703632  
1  
1120797  
24769  
1  
013586  
1  
010100  
290 31  
202 97  
2  
1

07023-7F-004SRB-00295-BI001  
BEST POSSIBLE IMAGE

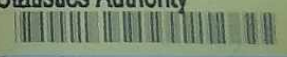
BReN  
02226-A97NC01-6



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DN600214937

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

DANIEL A. ARANISO, SR., CESO II  
Assistant Secretary  
Deputy National Statistician  
Civil Registration and Central Support Office (CRCSO)



**ACEBEDO OPTICAL**  
**FREE EYE CHECK-UP**  
 RIGHT EYE:  
 LEFT EYE:

Polyclinics & Diagnostic Center, Inc.  
 PM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 332-2273/266-3245  
 a@cecebu.com



**10001601 IPLOY STAFFING SOLUTIONS**  
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0064
SO No.	440863
S.O Date	11/13/2023
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 0443309  
**PATIENT NAME** : TAPIA, EMERSON, DIGAYNON  
**PATIENT ADDRESS** : Abuno, Pajac, Lapu-Lapu City (Opon), Cebu  
**MOBILE NO.** : 09959943320  
**EMAIL ADDRESS** : emtapia008@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Male  
**BIRTHDATE** : 07/12/1997  
**AGE** : 26  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** : 34714537  
**PATIENT STATUS** : FOR EMPLOYMENT

**SUMMARY OF CHARGES**

**TOTAL SALES** : 800.00  
**VARIABLE SALES** : 0.00  
**V-A-T** : 0.00  
**SC/PWD DISCOUNT** : 0.00  
**AMOUNT DUE** : 800.00

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P1277	IPLOY PEME	1.00	800.00	800.00
*PE	CHEST PAIN, CBC			
	DRUG TEST			

NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

**PREPARED BY:**

Cleramae Canada

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**BY:**

Signature Over Printed Name

Date Created: 11/13/2023 10:06 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (50) and agree to the charges associated with the products and services.

\*\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*\*

**VALIDATED**