

3.8 ★ (75)
3-star hotel

Arbees Bakeshop

Prince Court

Sindulan St

Professi
Cor

3 min

Centennial Homes

VIC Enterprises
As busy as it gets

St

Labucay St

Torgonia St





Copy to CDRG

| | | | | | |
|---|---|--|---|--------------------|--|
| Municipal Form No. 402 (Revised January 1993) | | (To be accomplished in quadruplicate) | | REMARKS/ANNOTATION | |
| Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 15a.</small> | | | | | |
| Province <u>CEBU</u> | | Region <u>95-17071</u> | | | |
| City/Municipality <u>CEBU CITY</u> | | | | | |
| CHILD | 1. NAME (First Middle Last) <u>ASHLEY MARIE MAHUSAY ROSELL</u> | | For CDRG USE ONLY: Population Reference No. [] [] [] [] [] [] [] [] [] [] | | |
| | 2. SEX <u>1</u> Male <u>X</u> Female | | 3. DATE OF BIRTH (day month year) <u>7 JULY 1999</u> | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU</u> | | TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR | | |
| | 5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. | | b. IF MULTIPLE BIRTH CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify | | |
| | c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>5TH</u> | | d. WEIGHT AT BIRTH <u>3560</u> grams | | |
| MOTHER | 6. MAIDEN NAME (First Middle Last) <u>ROSILLA ORGCO MAHUSAY</u> | | 41 [] [] [] [] [] [] [] [] [] [] | | |
| | 7. CITIZENSHIP <u>FILIPINO</u> | | 8. RELIGION <u>ROMAN CATHOLIC</u> | | |
| | 9a. Total number of children born alive: <u>5</u> | | b. No. of children still living including this birth: <u>5</u> | | c. No. of children born alive but are now dead: <u>0</u> |
| | 10. OCCUPATION <u>None</u> | | 11. Age at the time of this birth: <u>29</u> years | | |
| | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>HOLY NAME ST., MARCO, CEBU CITY, CEBU</u> | | 42 [] [] [] [] [] [] [] [] [] [] | | |
| FATHER | 13. NAME (First Middle Last) <u>GREGORIO DERBLON ROSELL</u> | | 43 [] [] [] [] [] [] [] [] [] [] | | |
| | 14. CITIZENSHIP <u>FILIPINO</u> | | 15. RELIGION <u>ROMAN CATHOLIC</u> | | |
| | 16. OCCUPATION <u>INSTALLER</u> | | 17. Age at the time of this birth: <u>31</u> years | | |
| | 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>APRIL 22, 1998, MANDAUE CITY, CEBU</u> | | 44 [] [] [] [] [] [] [] [] [] [] | | |
| | 19a. ATTENDANT <u>3</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Hilot (Traditional Midwife) <u>5</u> Others (Specify) | | 45 [] [] [] [] [] [] [] [] [] [] | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>6145</u> [] [] [] [] [] [] [] [] [] [] signature on the date stated above. | | 46 [] [] [] [] [] [] [] [] [] [] | | | |
| Signature <u>[Signature]</u> Address <u>8 BACALISO AVENUE, CEBU CITY</u> Name in Print <u>DOROTHY Y. SAGALES</u> Date <u>JULY 7, 1999</u> Title or Position <u>N.D.</u> | | 47 [] [] [] [] [] [] [] [] [] [] | | | |
| 20. INFORMANT Signature <u>[Signature]</u> Address <u>HOLY NAME ST., MARCO, CEBU</u> Name in Print <u>ROSILLA ROSELL</u> Date <u>JULY 7, 1999</u> Relationship to the child <u>MOTHER</u> | | 48 [] [] [] [] [] [] [] [] [] [] | | | |
| 21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>JUSTINA D. CLAUDIO</u> Title or Position <u>D.R. NURSE</u> Date <u>JULY 7, 1999</u> | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>REGINA DE LOS ANGELES</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>JULY 30 1999</u> | | | |

08738-4C-400EJR-01361-BX001
BEST POSSIBLE IMAGE
T002087384000136112042023001



CDGM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

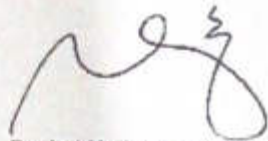


February 05, 2024

Certificate of Employment

This is to certify that **Rosell, Ashley Marie M.** was an employee of Teleperformance Philippines from **September 27, 2021** to **October 3, 2022**. Designated as **Customer Service Representative**.

This certificate is being issued upon the request of **Rosell, Ashley Marie M.**



Rachel Majito-Cacabelos
Vice President, Human Resources and
Communication & Marketing

This certificate is system-generated with an electronic signature and a unique internal tracking number 6AD-H5N-SLMP. For employment verification, you may reach us via email at HCRM-HRTPPEmploymentVerification@teleperformanceusa.com.



Republic of the Philippines
City of Cebu
BARANGAY MABOLO
OFFICE OF THE BARANGAY CAPTAIN



BARANGAY CLEARANCE



No. 4430

Barangay Captain:

Atty. Daniel Francis D. Arguedo

Barangay Councilors:

Hon. Emmanuel Colina Labela

Hon. John Paul Cinco Borces

Hon. Marian Lay Comedia Andales

Hon. Mark Jones Neri De La Cruz

Hon. David Diola Arguedo

Hon. Emma Amanzor Colina

Hon. Rolando Embate Supremo

Hon. Wally Larga Orlanda

Barangay SK Chairman

Mr. Jorge M. Sarza

Barangay Secretary

Mary Anne M. Sustituedo

Barangay Treasurer

O.R. No:

Amount:


Prepared: Angell Valiente

TO WHOM IT MAY CONCERN:

This is to certify that **ASHLEY MARIE M. ROSELL**, 24 years of age, single, is a registered voter and a resident of Mabolo with postal address at Holyname Street, Mabolo, Cebu City. Is personally known to me to be of good moral character and standing in the community. And she has never been charged with the commission of any crime or violation of laws and/ or ordinance that she is a peace-loving and law abiding citizen to the best of my knowledge, observation and information.

This certification is issued upon the request of above-named person for the purpose of **EMPLOYMENT**.

IN WITNESS WHEREOF, I here unto set my hands this 9TH of **May 2024** at Barangay Mabolo, Cebu City, Philippines.


HON. ROLANDO E. SUPREMO
Barangay Councilor

NOT VALID WITHOUT OFFICIAL SEAL

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

Polyclinics & Diagnostic Center, Inc.
 APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 32) 232-2273/266-3245
 mecareaalpha.ph

SERVICE ORDER



| | |
|--------------|------------|
| Priority No. | 0004 |
| SO No. | 462306 |
| S.O Date | 05/14/2024 |
| Terms | 30 Days |
| Amount Due | P800.00 |

STAFFING SOLUTIONS
 CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

PATIENT INFORMATION

PATIENT ID : 100201
 PATIENT NAME : ROSELL, ASHLEY MARIE, MAHUSAY
 PATIENT ADDRESS : Mabolo, Cebu City (Capital), Cebu
 MOBILE NO. : 0916 829 4308
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 07/07/1999
 AGE : 24
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT | SUMMARY OF CHARGES |
|------|---|------|------------|--------|--|
| P127 | EMPLOY PEME +PE CHEST PA CBE UA SE <i>noted</i> DRUG TEST (NOTE PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT) | 1.00 | 800.00 | 800.00 | TOTAL SALES 800.00 VATALE SALES 0.00 V-A-T 0.00 SC/PWD DISCOUNT 0.00 AMOUNT DUE 800.00 |

BIOMETRICS DONE
 DATE: MAY 14 2024

VALIDATED

PREPARED BY: Arissa Marie L. Armenion
 ACKNOWLEDGED BY: _____
 Signature Over Printed Name

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 (SO) and agree to the charges associated with the products and services.
 Date Signed: 05/14/2024 07:22 AM

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