



(Copy for ODR)

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, 6c, and 18a.)

Municipal Form No. 102
(Revised January 1993)
(To be accomplished by quinquennial)

Province CEBU Registration No. 2011 13487

City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
MIKALLA CHYZZ DAITOL

2. SEX 1 Male F 2 Female **3. DATE OF BIRTH** (day) (month) (year)
72 May 2011

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
SACRED HEART HOSPITAL Urgello St., Cebu City Cebu

5a. TYPE OF BIRTH 1 Single X 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) (first, second, third, etc.) **d. WEIGHT AT BIRTH**
First 2500 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARY JEAN LLAMEDO DAITOL

7. CITIZENSHIP FILIPINO **8. RELIGION** ROMAN 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 NONE **11. Age at the time of this birth:** 21 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
UBCA 2, QUIOT, CEBU CITY, CEBU

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

14. CITIZENSHIP N/A **15. RELIGION** N/A

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

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

19a. ATTENDANT
1 Physician X 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 6:25 am o'clock am/pm on the date stated above.

Signature [Signature] Address C/O Sacred Heart Hospital
Name in Print KAREN BRISTY QUINANDLA, M.D.
Title or Position Attending Physician Date May 22, 2011

20. INFORMANT
Signature [Signature] Address Cebu City
Name in Print MARY JEAN I. DAITOL
Relationship to the child Mother Date May 22, 2011

21. PREPARED BY
Signature [Signature]
Name in Print HAIDEE M. ORNOPIA
Title or Position Medical Records Clerk
Date May 22 2011

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print OSCAR B. MOLO
Title or Position Reg. Officer IV
Date MAY 26 2011

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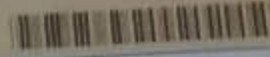
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Stamp Tax Paid

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





Married File No. 102
(Revised January 2007)

accomplished in quadruplicate using black ink

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2013 29182**

City/Municipality **CEBU CITY**

CHILD
1. NAME (First) (Middle) (Last)
CHARLES MARCO DAITOL ORTEGA
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) (Month) (Year)
02 OCTOBER 2013
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
HEALTH CHECK & MATERNITY HOUSE CEBU CITY CEBU
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) **SECOND** 5c. BIRTH ORDER (Check appropriate or provide birth order including last name) (First, Second, Third, etc.) **3,255** (grams)

MOTHER
7. MAIDEN NAME (First) (Middle) (Last)
MARY JEAN LLAMEDO DAITOL
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **2** 10b. No. of children still being suckled this date **2** 10c. No. of children, born alive but are now dead **0** 11. OCCUPATION **OSP 1** 12. AGE at the time of this birth (completed years) **24**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
UBCA 2 BRGY. QUIOT CEBU CITY CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last)
CHRISTIAN LOY ESTRADA ORTEGA
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **OSP 1** 18. AGE at the time of this birth (completed years) **23**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
TRES DE ABRIL ST. PUNTA PRINCESA CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **N/A**

21a. ATTENDANT
I 1. Physician 2. Nurse 3. Midwife 4. Heba (Traditional Birth Attendant) 5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT OF BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
I hereby certify that I attended the birth of the child who was born alive at **7:33am** on the date of birth specified above.

Signature _____ Address **HEALTH CHECK & MATERNITY HOUSE CEBU CITY**
Name in Print **MARIA NARETTE G. SUAREZ** Date **OCTOBER 02, 2013**
Title or Position **PHYSICIAN**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name in Print **MARY JEAN L. DAITOL**
Relationship to the Child **MOTHER**
Address **UBCA 2 BRGY. QUIOT CEBU CITY**
Date **OCTOBER 02, 2013**

23. PREPARED BY
Signature _____
Name in Print **ORIELDA C. PALOMA**
Title or Position **STAFF**
Date **OCTOBER 02, 2013**

24. RECEIVED BY
Signature _____
Name in Print **LISE N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **OCT 04 2013**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature _____
Name in Print **ATTY. EVANGELINE TABATAYO**
Title or Position **CEBU CITY CIVIL REGISTRAR**
Date **OCT 04 2013**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
6 8 11 13 15 16 17 19

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



National Statistics
Philippines

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY
(For Births on or after August 1988)

I, **CHRISTIAN LOY E. ORTEGA** and **MARY JEAN L. DAITOL**
being of legal age, declare the natural mother and/or father of **CHARLES MARCO D. ORTEGA**
born on **OCTOBER 02, 2013** at **HEALTH CHECK & MATERNITY HOUSE** who was
SALES & LOG

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child

CHRISTIAN LOY E. ORTEGA
(Signature Over Printed Name of Father)

MARY JEAN L. DAITOL
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this **OCT 04 2013** day of _____ by
CHRISTIAN LOY E. ORTEGA and **MARY JEAN L. DAITOL** who exhibited to me (mother)
Community Tax Cert No. **00904292/00904293** issued on **OCTOBER 03, 2013** at

CENI CITY
ATTY. BONIFACIO T. DEGAMU JR.
NOTARY PUBLIC
UNTIL DECEMBER 31, 2014
PTR No. 275284, 3/13-86
IBP No. 91250, 18/13-86
NOTARIAL COMM. No. 13
ROLL OF ATTORNEYS No. 3121
SIR TIN RD. 123-408-88

REC. NO. **413**
SERIAL NO. **97**
BOOK NO. **03**
DATE REC. **10/04/13**
Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH
(To be accomplished by the hospital/clinic administrator, father, mother, or guardian of the person himself if 18 years old or over.)

_____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

_____ after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of
 my birth in _____ on _____
 the birth of _____ who was born in _____
 on _____
- That I/he/she was attended at birth by _____ who resides at _____
- That I am/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged/not acknowledged by my/his/her
 father whose name is _____
- That the reason for the delay in registering my/his/her birth was _____
- (For the applicant only) That I am married to _____
 (If the applicant is other than the document owner) That I am the _____ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines.

ATY. EVANGELINE T. ABATAY
LECU CITY C. REGISTRAR

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
Philippines, affiant who exhibited to me his Community Tax Cert.
issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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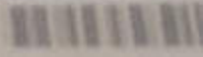


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Lisa Grace S. Bersales
LISA GRACE S. BERSALES,
National Statistician and Civil Registrar
Philippine Statistics Authority





CERTIFICATE OF EMPLOYMENT


This is to certify that **Mary Jean Liamedo Daitol** was an employee of **ExlService Philippines, Inc.** from January 13, 2020 up to January 27, 2023. She held the position of **Customer Service Associate**.

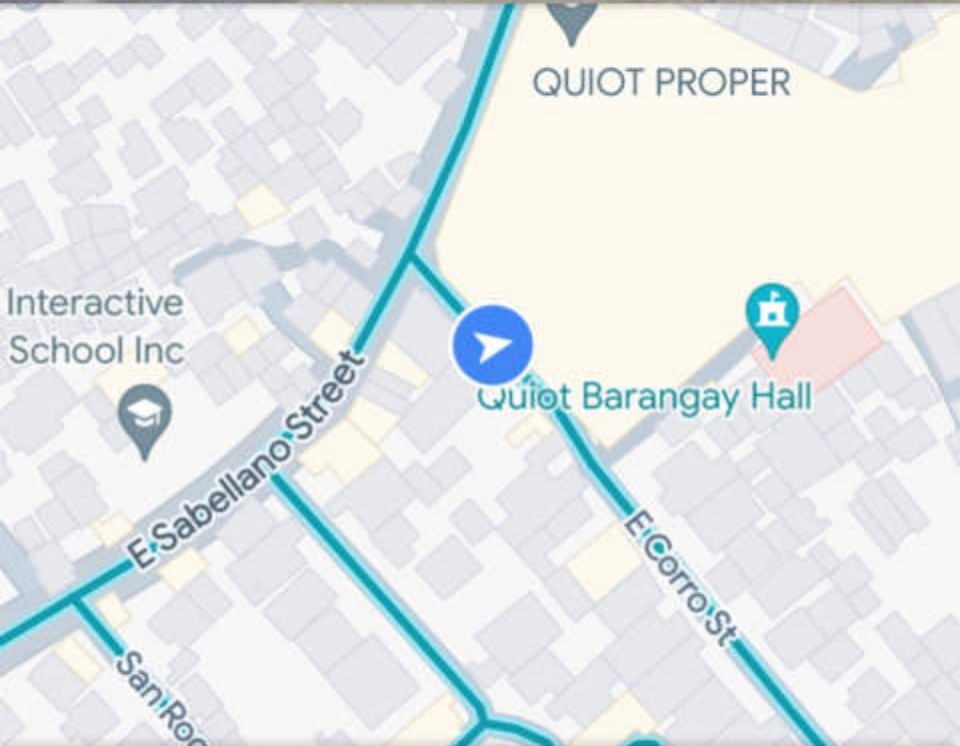
This certification is being issued upon the request of **Mary Jean Liamedo Daitol** for whatever legal purpose it may serve.

Given this 17th day of March 2023 at Pasay City, Philippines.

Very truly yours,

EXLSERVICE PHILIPPINES, INC.


Ms. Sheryl B. Masinda
Assistant Vice President – Human Resources
Exl Service Philippines, Inc.



120 E Corro St

a year ago · [See more dates](#) >



OFFICE OF THE PUNONG BARANGAY
CERTIFICATION

BARANGAY QUIOT OFFICIALS

HON. DANILO P. TEVES

Barangay Captain

COUNCILORS

HON. HERBERT B. CONDE

Committee Chairman on Solid Waste Management, Trade, Commerce and Industry.

HON. EDUARDO M. LLAMEDO

Committee Chairman on Health; Market and Slaughterhouse

HON. DERECSON A. DELA CERNA

Committee Chairman on Environmental Protection and Beautification Peace and Order

HON. GERARDO Q. AUXILIO JR.

Committee Chairman on Budget & Appropriations, Human Rights & Law and Governance; Rules & Privileges

HON. VICTORINO M. LUNDAY

Committee Chairman on Street Lighting; Housing, & Land Utilization Health

HON. CLEOFE I. MURILLO

Committee Chairman on Infrastructure, Public Works & Agriculture

HON. JUSTINE BOB B. MURILLO

Committee Chairman on Social Services; Women and Family, Cooperatives and Senior Citizen

Hon. Zheny Airen De la Cerna

Committee Chairman on Youth, Sports Development and Education

MS. ROSIELDA C. TABADA

Barangay Treasurer

MS. DAPHNNIE M. BONTILAO

Barangay Secretary



Complete name: **Mary Jean Llamedo Daitol**

Address: **Sitio Ubca 2 Quiot Cebu City**

Civil Status: **SINGLE**

Gender: **female**

Date of Birth: **Aug 27, 1989**

Place of Birth: **Cebu City**

Mary Jean Llamedo Daitol

Signature over printed name

This is to certify that the person whose name, signature and picture that appeared in this certification is a bonafide resident of Barangay Quiot, Cebu City and has appeared and requested a certification from this office.

This Certification is issued upon the request of the above named party in compliance with the requirement of **EMPLOYMENT PURPOSES ONLY**.

Issued May 14, 2024 at Barangay Quiot, Cebu City, Cebu, Philippines.

HON. DANILO P. TEVES

Punong Barangay

OR Number: 6465550

Amount Paid: 25.00

Doc. Stamp: 30.00



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

Province: Cebu

CITY/MUNICIPALITY: Cebu City LOCAL CIVIL REGISTRY NO. 89-1213

1 NAME (Last) JEAN (Middle) DAITOL (First) MARY

2 SEX (Place 'X' on appropriate answer) Male 3 DATE OF BIRTH (Day) 27 (Month) 08 (Year) 1989

4 PLACE OF BIRTH (Name of Hospital/Institution) IF NOT IN Hospital, give street name(s) CHONG HUA HOSPITAL (City/Municipality) CEBU CITY (Province) CEBU

5 TYPE OF BIRTH (Place 'X' on appropriate answer) X 1 Single X 2 Twin X 3 Three or more

6 IF MULTIPLE BIRTH, CHILD WAS 1st 1 First X 2 Second X 3 Third, etc.

7 NATIONALITY Filipino 8 RELIGION Roman Catholic

9 NAME (First) CARMEN (Middle) TARADA LLANEDO (Last) 10 NATIONALITY Filipino 11 RELIGION Roman Catholic

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at DA 5423) January 22, 1978, Cebu City, Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 2:40 o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address c/o Chong Hua Hospital
 Name in print MARIANA S. ZAMORA, M.D. Fuente Caneña, Cebu City
 Title or position Attending Physician Date August 31, 1989

14 INFORMANT

Signature [Signature] Address Quiot, Pardo, Cebu City
 Name in print CARMEN LLANEDO DAITOL
 Relationship to child MOTHER Date August 29, 1989

15 a. PREPARED BY

Signature [Signature] Signature [Signature]
 Name in print BERNARDINA I. GERONA Name in print [Signature]
 Title or position Clerk-Records Section Title or position [Signature]
 Date August 31, 1989 Date [Signature]

16 a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED 07/89

(Important: Informant should also provide information for items 17 to 27. The code boxes are to be filled out at the office of the Local Civil Registrar)

PROVINCE Cebu Local Civil Registry No. 89101962 Registration Status 1

CITY/MUNICIPALITY Cebu City

17 Weight of Birth (In grams) 2,900 Grams 2900 18 Birth Order of Child 1st Ex. First, Second, etc. 1

19 a. Total Number of Children Born Alive One 22 b. How many children are now living including this birth? One 24 c. How many children were born alive but are now dead None 28

20 Usual Occupation Housewife 26 21 Age at the time of this Birth 38 years old 38

22 Usual Residence (Barangay) Quiot, Pardo, Cebu City, (City/Municipality) Cebu (Province) 22178 33

23 Usual Occupation Carpenter 39 24 Age at the time of this Birth 31 years old 31

25 Attendant of Birth (Place 'X' on appropriate answer)

X 1 Physician X 2 Nurse X 3 Midwife X 4 Midot X 5 Others

Sex 2 44 Date of Birth 270889 45 Place of Birth 22178 51 Mother's Nationality 1 56 Father's Nationality 1 57

NAME OF CHILD

First M.I. Last

MARY JEAN L DAITOL

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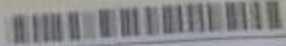
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CDM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



University of San Carlos



Cebu City, Philippines

To all whom these presents shall come

Greetings

Be it known that

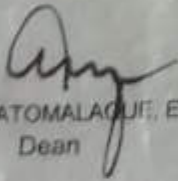
Mary Jean L. Daitol


having satisfactorily completed the prescribed Curriculum, in accordance with the recommendation of the Faculty, the approval of the Board of Trustees and by Authority of the Government of the Philippines, has this day been granted the degree of

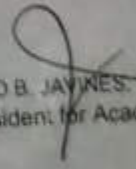
Bachelor of Education

with all the Rights and Privileges thereunto appertaining. In testimony whereof are hereunto affixed the Corporate Seal of the University and the Signatures of the President, the Vice President for Academic Affairs, and the Dean.

Given at Cebu City, Philippines, this 19th day of March 2010.


ANTONIO E. BATOMALAGUI, Ed.D.-ISRM
Dean


FR. DIONISIO M. MIRANDA, SVD, MA, STD
President


FR. FELINO B. JAYNES, JR. - SVD, DM
Vice President for Academic Affairs



Pag-IBIG *Plus*
LOYALTY CARD



MARY JEAN L. DAITOL

MID No. 1210-4416-0352

Mary Jean L. Daitol



3*1501*2059*020790

