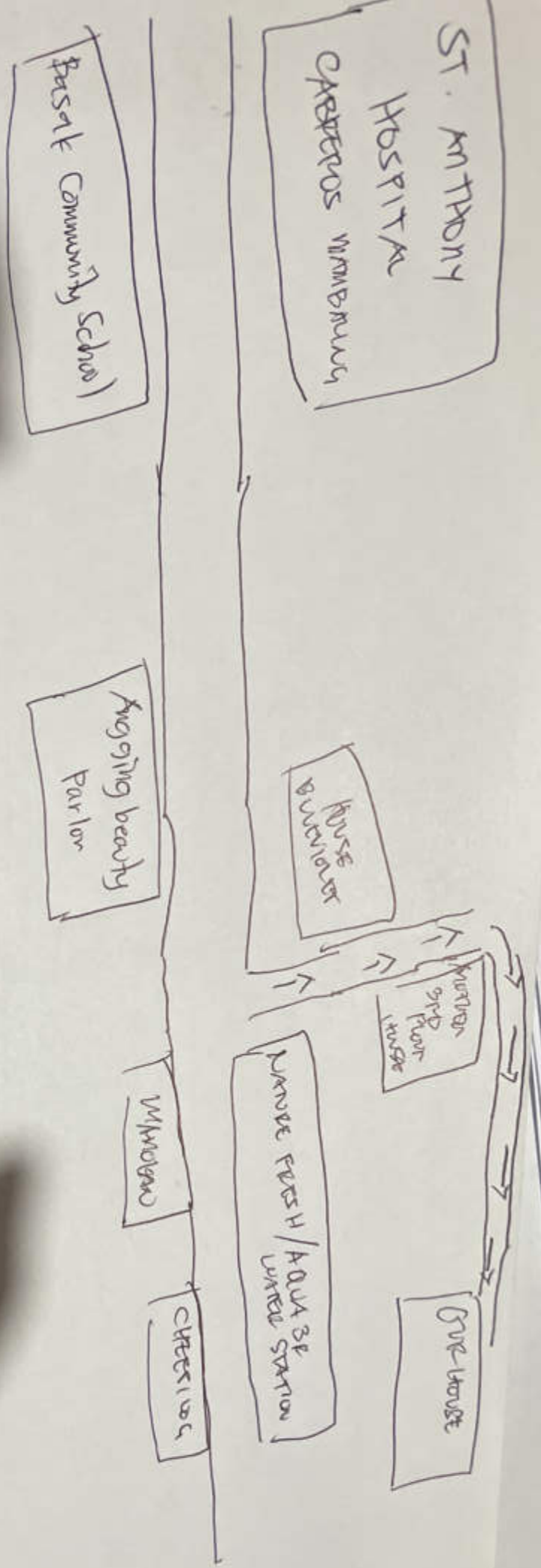


RESIDENCE SKETCH:



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

Registry No.  
**2020 23262**

Province **CEBU**  
City/Municipality **CEBU CITY**

<b>CHILD</b>	1. NAME (First) <b>CADE KYLER MCKENZIE</b> (Middle) <b>TAGSIP</b> (Last) <b>BALIBREA</b>		
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>07</b> (Month) <b>November</b> (Year) <b>2020</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <b>SOUTHWESTERN UNIVERSITY MEDICAL CENTER, URGELLO ST., CEBU CITY, CEBU</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>N/A</b>	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third) <b>FIRST</b>

<b>MOTHER</b>	7. MAIDEN NAME (First) <b>VANESSA MAE</b> (Middle) <b>PELIGRO</b> (Last) <b>TAGSIP</b>			
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>CSR</b>
	12. AGE at the time of this birth (completed years) <b>24</b>			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>CYCO CABREROS ST. BRGY. BASAK SAN NICOLAS, CEBU CITY, CEBU, PHILIPPINES</b>				

<b>FATHER</b>	14. NAME (First) <b>WILSON</b> (Middle) <b>GABUYA</b> (Last) <b>BALIBREA</b>		
	15. CITIZENSHIP <b>FILIPINO</b>	16. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>	17. OCCUPATION <b>DELIVERY RIDER</b>
	18. AGE at the time of this birth (completed years) <b>25</b>		
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>A. GABUYA ST. SITIO, LITTLE HAWAII, COGON PARDO, CEBU CITY, CEBU, PHILIPPINES</b>			

**MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) 20c. PLACE (City / Municipality) (Province) (Country)  
**NOT MARRIED** **NOT MARRIED**

21a. ATTENDANT  
 1 Physician  2 Nurse  3 Midwife  4 Hilot (Traditional Birth Attendant)  5 Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)  
 I hereby certify that I attended the birth of the child who was born alive at **11:45 PM** on the date of birth specified above.

Signature \_\_\_\_\_ Address **C/O SWU Medical Center**  
 Name in Print **HELEN AMORIN, M.D.** **Urgello St, Cebu City**  
 Title or Position **Attending Physician** Date **November 7, 2020**

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 **VANESSA MAE P. TAGSIP**  
 Relationship to the Child **Mother**  
 Address **CYCO CABREROS ST. BRGY. BASAK SAN NICOLAS, CEBU CITY**  
 Date **November 7, 2020**

24. RECEIVED BY  
 Signature \_\_\_\_\_  
 Name in Print **LUZ N. CUGAY**  
 Title or Position **Administrative Aide III**  
 Date **DEC 03 2020**

23. PREPARED BY  
 Signature \_\_\_\_\_  
 Name in Print **HAIDEE M. ORNOPIA**  
 Title or Position **Head - Medical Records**  
 Date **November 7, 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature \_\_\_\_\_  
 Name in Print **PHILIPP A. MEGABON**  
 Title or Position **REGISTRATION OFFICER IV**  
 Date **DEC 03 2020**

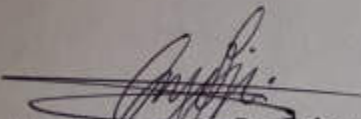
## CERTIFICATE OF EMPLOYMENT

To whom it may concern:

This is to certify that **Ms. Vanessa Mae P. Tagsip** has been employed by **TELEPERFORMANCE CEBU IT PARK** (Telephilippines) as a **Customer Service Representative**, from August 30, 2016 to May 02, 2019.

This certification was issued upon the request of **Ms. Tagsip** for any valid purposes/reason it may serve.

Issued on 16<sup>th</sup> day of May 2019 at Teleperformance Makati City.

  
Marianne P. Rodriguez  
Manager, HR compensation & Benefits  
Teleperformance Philippines



Republika ng Pilipinas  
Republic of the Philippines  
Kagawaran ng Edukasyon  
Department of Education  
Rehiyon VII, Sentral Visayas  
Region VII, Central Visayas  
SANGAY NG LUNGSOD NG CEBU  
Division of Cebu City



**DON VICENTE RAMA MEMORIAL NATIONAL HIGH SCHOOL**

Paaralan  
School

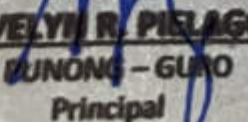
*Pinatutunayan nito sa si*  
This certifies that

**VANESSA MAE P. TAGSIP**

*ay maluwalhating nakatapos ng kurso sa Sekundarya na itinakda para*  
has satisfactorily completed the secondary academic course prescribed for  
*sa Mataas na Paaralan ng Kagawaran ng Edukasyon*  
High School by the Department of Education  
*kaya pinagkalooban siya nitong*  
and hereby awarded this

**Katunayan**  
CERTIFICATE

*Nilagdaan sa Lungsod ng Cebu, Pilipinas*  
Signed in Cebu City, Philippines  
*Ngayong ika 21 ng Marso 2013*  
This 21<sup>ST</sup> day of March 2013

  
**EVELYN R. PIALOGO**  
LUNONG - GURU  
Principal

  
**RHEA MAR A. ANGTUD, EdD**  
TAGAPANIMAHALA  
Superintendent





REMARKS/ASSOCIATION			
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> <small>(To be completed in duplicate)</small> <small>(To be completed, including one copy, 100 to 1000 hours after 1 before the expiration date in Item 2, 10, 11 and 12)</small>			
Province <u>Cebu</u> City/Municipality <u>CEBU CITY</u>		Registry No. <u>1111</u>	
1. NAME (First Middle Last) <u>ELIZABETH MAE FELIZANO SANCHEZ</u>		For DOWNS USE ONLY Registration Reference No. <u>107-100-1-019</u>	
2. SEX <u>Female</u>		3. DATE OF BIRTH (month, day, year) <u>6 JUNE 1996</u>	
4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) (City/Municipality) (Province) <u>CEBU POSTAL CENTER &amp; ALTERNATE BIRTH INC., CEBU CITY, CEBU</u>			
5A. TYPE OF BIRTH <u>1. Single</u>		5B. IF MULTIPLE BIRTH, CHILD WAS <u>1. First</u>	
6. BIRTH ORDER (first, second, etc.) <u>FIRST</u>		7. WEIGHT AT BIRTH <u>2.600</u> grams	
8. FATHER (First Middle Last) <u>RODRIGUEZ BERMEJO FELICIANO</u>		9. MOTHER (First Middle Last) <u>RODRIGUEZ BERMEJO FELICIANO</u>	
10. CITIZENSHIP <u>FILIPINO</u>		11. RESIDENCE (Municipality) <u>ROMA DISTRICT</u>	
12. No. of children ever born <u>1</u>		13. No. of children still being reared (including this birth) <u>1</u>	
14. OCCUPATION <u>employee</u>		15. Age at the time of this birth <u>30</u> years	
16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU, Suburban St., Bank, Cebu City, Cebu</u>		17. No. of children ever born <u>0</u>	
18. NAME (First Middle Last) <u>RODRIGUEZ BERMEJO FELICIANO</u>		19. RESIDENCE (Municipality) <u>ROMA DISTRICT</u>	
20. CITIZENSHIP <u>FILIPINO</u>		21. Age at the time of this birth <u>23</u> years	
22. OCCUPATION <u>employee</u>		23. Age at the time of this birth <u>23</u> years	
24. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, certificate amount of Acknowledgment, Affidavit of Publicity or the like.) <u>September 30, 1995, Cebu, Cebu</u>			
25. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Indicate below) <input type="checkbox"/> Other (Specify)			
26. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born above at <u>11:44 P.M.</u> above and/or at the time stated above. Signature: <u>[Signature]</u> <u>CEBU POSTAL CENTER &amp; ALTERNATE BIRTH</u> Name & Title: <u>RODRIGUEZ BERMEJO, R.J.</u> <u>REGISTRAR GENERAL</u> Date: <u>June 6, 1996</u>			
27. INFORMANT Signature: <u>[Signature]</u> <u>CEBU DELIVERY ST., BANK,</u> Name & Title: <u>RODRIGUEZ BERMEJO, RICHARD</u> <u>CEBU CITY</u> Relationship to the child: <u>MOTHER</u> <u>CEBU CITY</u> Date: <u>June 6, 1996</u>			
28. PREPARED BY Signature: <u>[Signature]</u> Name & Title: <u>MARGARETA S. RODRIGUEZ</u> Date: <u>June 6, 1996</u>		29. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name & Title: <u>[Signature]</u> Date: <u>June 6, 1996</u>	

06666-0F-400MCP-01223-B1001

BEST POSSIBLE IMAGE

BRIN  
02217-4366504-6Documentary  
Stamp Tax Paid

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

REPUBLIC OF THE PHILIPPINES  
Unified Multi-Purpose ID

CRN - 0111-7677181-9

COMPANY  
**TAGSIP**

DISPLAY NAME  
**VANESSA MAE**

MOBILE NUMBER  
**PELIGRO**

SEX **F** DATE OF BIRTH **1996/06/06**

ADDRESS  
**CYCO CABREROS ST BASAK SAN  
NICOLAS CEBU CITY CEBU PHL  
6000**



**Pag-IBIG Plus**  
LOYALTY CARD

**VANESSA MAE P. TAGSIP**

MNO No **1211-3989-0027**

**3\*1501\*2652\*015180**



REPUBLIC OF THE PHILIPPINES  
PhilHealth  
Philippine Health Insurance Corporation

**12-051414431-7**

**TAGSIP, VANESSA MAE PELIGRO**

SEX **F** DATE OF BIRTH **1996/06/06**  
CYCO CABREROS ST BASAK SAN NICOLAS CEBU CITY  
CEBU - 6000

**120514144317**

**FORMAL ECONOMY**



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**TAGSIP, VANESSA MAE PELIGRO**

TIN: **323-616-560-000**

**CYCO Cabreros St.  
Basak San Nicolas  
Cebu City 6000**

BIRTH DATE: **06/06/1996**

ISSUE DATE: **10/03/2017**

SIGNATURE



BARANGAY BASAK SAN NICOLAS  
OFFICIALS HEADED BY:



HON. NORMAN A. NAVARRO  
Barangay *Captain*  
and Over-all Chairman

TOGETHER *In cooperation with the*  
BARANGAY COUNCILORS:



HON. GIOVANNI S. TABADA  
Chairman - Committee on  
Barangay Environmental  
Management Program  
and Committee on  
Barangay Disaster Risk  
Reduction



HON. JOHN L. RAMA  
Chairman - Committee on  
Peace and Order and  
Committee on Ways,  
Means and Laws



HON. JOSEPH ROY D. VIODOR  
Chairman - Education



HON. WENCESLAO JOSHUA C. MURILLO  
Chairman - Committee on  
Infrastructure and Public  
Works



HON. DENNIS Q. TAMARRA  
Chairman - Committee on  
Health



HON. EMMANUEL G. SUSAYA  
Chairman - Committee on  
General Services, Committee on  
Appropriations, Budget and  
Finance and Committee on Bids  
and Awards



HON. MA. CHARIESE V. ROLLON  
Chairman - Committee on  
Social Services



HON. JESSIE T. APIAG  
Chairman - Committee on Youth  
Development, Committee on Sports  
and Recreation and Committee on  
Culture and Sports

Barangay *Sansalubong*  
MARVIN B. PACAÑA

Barangay *Tanawan*  
VERONICA M. MONLEON



REPUBLIC OF THE PHILIPPINES  
City of Cebu  
BARANGAY BASAK SAN NICOLAS

Crossing L. Gabuya St.  
Barangay Basak San Nicolas  
Cebu City, Philippines, 6000  
Tel. No. (032) 383-7179 / (032)  
383-7193 / (032) 254-4274

OFFICE OF THE BARANGAY CAPTAIN

**CERTIFICATION**

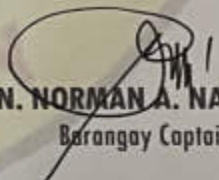
TO WHOM IT MAY CONCERN:

This is to certify that VANESSA MAE PELIGRO TAGSIP, 27 years of  
age SINGLE whose thumb mark and signature appears below is a bona fide resident in this barangay since  
1996 postal address SITIO CYCO CABREROS STREET Basak San Nicolas, Cebu  
City, which is under my area of jurisdiction.

This is to certify further that to the best of my knowledge the said person has no derogatory / criminal records  
this Barangay until present.

This certification is being issued upon request of the aforesaid person for EMPLOYMENT  
requirements purposes.

Given this 22<sup>th</sup> day of MAY, 2024 at Barangay Hall, Basak San Nicolas, Cebu City,  
Philippines, 6000.

  
HON. NORMAN A. NAVARRO  
Barangay Captain



  
VANESSA MAE P. TAGSIP

Signature over printed name

CTC NO : 25331544  
Place Issued : Cebu City  
Date Issued : 2024-05-22

*"Barangay Basak San Nicolas: Trademark of Respect - Transparency, Leadership and Freedom"*

Note: Any erasure, or alteration will render this certificate invalid.

Valid within the calendar year