



Municipal Form No. 102
 (Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH 1560

REMARKS/ANNOTATIONS

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU CITY Registry No. 911-19490

City/Municipality _____

CHILD	1. NAME FIRST: <u>SHARMAINE</u> MIDDLE: <u>PITOGO</u> LAST: <u>MAGLASANG</u>	For OCRG USE ONLY: Population Reference No. <u>10115-5145</u>
	2. SEX <u>X</u> 1 Male 2 Female	3. DATE OF BIRTH <u>14 AUGUST 1996</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>RETRO CEBU COMMUNITY HOSPITAL, CEBU CITY, CEBU</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.	5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____
6. MAIDEN NAME (First) <u>ARLENE</u> (Middle) <u>ALIVIO</u> (Last) <u>PITOGO</u>	41 <u>9619490</u>	48 <u>1</u>
7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>	49 50 <u>2 150896</u>
9a. Total number of children alive <u>SECOND</u>	9b. No. of children still living including this birth <u>SECOND</u>	55 <u>22118</u>
9c. No. of children born alive but are now dead: <u>XXX</u>	10. OCCUPATION <u>VENDOR</u>	61 <u>1</u>
11. Age at the time of this birth: <u>24</u> years	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CANSAGA, CONSOLACION, CEBU</u>	62 64 <u>02 2920</u>
13. NAME (First) (Middle) (Last) <u>SHARMAINE PITOGO MAGLASANG</u>	14. CITIZENSHIP <u>FILIPINO</u> RELIGION <u>ROMAN CATHOLIC</u>	67 <u>1 1</u>
15. OCCUPATION <u>VENDOR</u>	17. Age at the time of this birth: <u>26</u> years	70 72 74 <u>02 F 2 00</u>
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>SEPTEMBER 19, 1992 - CONSOLACION, CEBU</u>		76 78 <u>952 24</u>
19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Klot (Traditional Midwife) 5 Others (Specify) _____		81 <u>22199</u>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:26 A.M.</u> o'clock am/pm on the date stated above.		86 87 <u>1 1</u>
Signature <u>[Signature]</u> Address <u>Cebu City</u>	Name in Print <u>ATTENDING PHYSICIAN</u> Date <u>August 14, 1996</u>	88 89 <u>453 26</u>
Title or Position _____	Date _____	93 <u>1</u> <u>2:174</u> <u>04/19/92</u>
20. INFORMANT Signature <u>[Signature]</u> Address <u>Cansaga, Consolacion, Cebu</u>		94 <u>1</u> <u>02/27/96</u>
Name in Print <u>Ronald V. Maglasang</u> Address <u>Cebu</u>	Relationship to the child <u>Father</u> Date <u>August 15, 1996</u>	
21. PREPARED BY Signature <u>[Signature]</u>		
Name in Print <u>Ms. Jasper M. Cutan</u>	Title or Position <u>Clerk</u> Date <u>August 15, 1996</u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CLERK</u>		
Title or Position _____	Date _____	

01432-53-400KRT-00099-B1003

BEST POSSIBLE IMAGE



140001432400009912032003003

02217-A96RE11-2

Carmelita N. Erica
 CARMELITA N. ERICTA

Administrator and Civil Registrar General
 National Statistics Office

BARANGAY OFFICIALS

Hon. DENMARK E. PRAME
Barangay Captain

Hon. ROMEO L. ALVIO
Committee on BDRSM

Hon. PRIMITIVO G. TUNGAG
Committee on Finance/
Appropriation/ Senior
Citizens/ Civil & Religious Affairs

Hon. SONY A. PTOGO
Committee on Infrastructure/
SAC

Hon. ZENAIDA H. HERRERA
Committee on Women, Family &
Children, Livelihood & Economic
Enterprises

Hon. ALFRE G. PTOGO
Committee on Health &
Education

Hon. STORCK MAJARCON
Committee on Peace & Order
Law/ Hobal hobal Operation
& Communication

Hon. MARIO N. ERMAC
Committee on Environment/
Agriculture/ Land Use/
Transportation

Hon. SHARMAINE P. MAGLASANG
Committee on Youth & Sports

Mrs. PORCELYN S. CABANGAY
Barangay Treasurer

Mrs. GORGONIA C. MAGLASANG
Barangay Secretary



Republic of the Philippines
Province of Cebu
Municipality of Consolacion
Barangay Cansaga
Tel. # 344-3092

OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE



To whom it may concern:


This is to certify that **MS. SHARMAINE P. MAGLASANG** is a bona fide resident of Barangay Cansaga, Consolacion, Cebu.

As per records blotted in this office, the above name has no record/s whatsoever derogatory to his/her name whether civil or criminal, and a person of good moral character and good social standing in this community.

This clearance is issued upon the personal request of said person for **EMPLOYMENT**.

Given this **24** day of June, year 2022 at Barangay Cansaga, Consolacion, Cebu.

Signed by:


HON. DENMARK E. PRAME
Punong Barangay

Res. Cert. No. : 09508581

Place of Issue : Cansaga, Consolacion, Cebu

Date of Issue : 6/24/2022

O.R. Number : 00

Signature of applicant : _____

Note: Not valid without official seal.





REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth



12-025643618-9
MAGLASANG, SHARMAINE PITOGO
AUGUST 14, 1996 FEMALE
CABANAGA CONDOMINIUM CEBU - 400

Sharmaine Pitogo



120256436189
FORMAL ECONOMY

TCD2019084737



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



TIN:
344-910-765-00000

Name:
MAGLASANG, SHARMAINE PITOGO

Address:
PUROK 5, CANSAGA CONSOLACION
CEBU, 6001

Birth Date: 14-Aug-1996
TIN Issuance Date: 23-Jan-2020

Sharmaine Pitogo
SIGNATURE



OR: 047-201

Signature of applicant
Not valid without



Pag-IBIG *Plus*
LOYALTY CARD



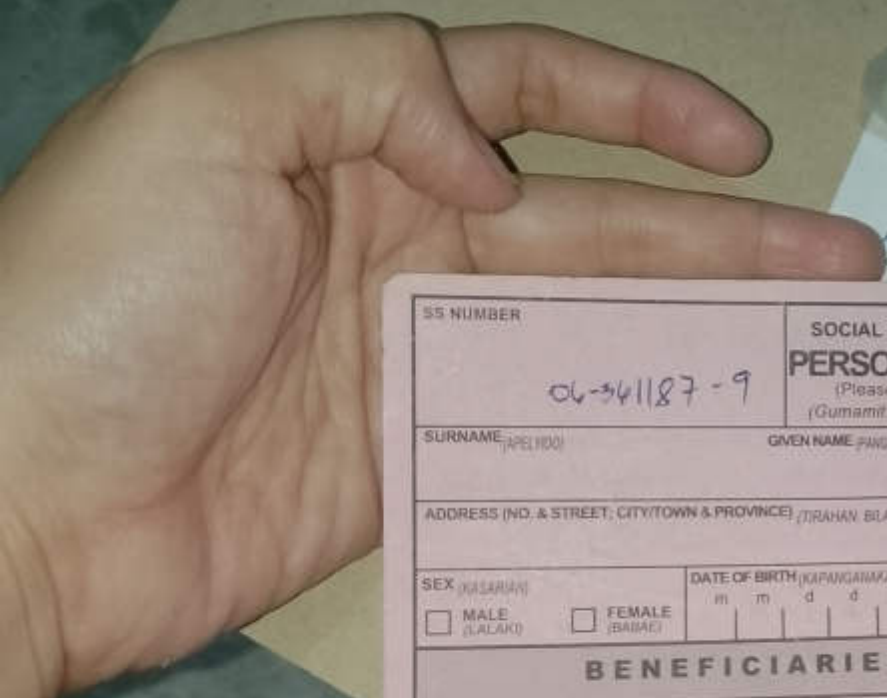
SHARMAINE P. MAGLASANG
MID No. 1212-0374-0065




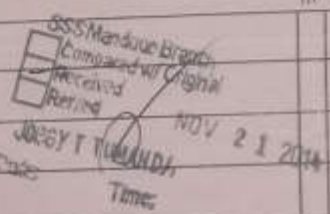
Maglasang



3*1505*1046*017231



SS NUMBER 06-341187-9		SOCIAL SECURITY SYSTEM PERSONAL RECORD (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)		 E-1 (Rev. 08/94)	
SURNAME (PANGALAN)		GIVEN NAME (PANGALAN)		MIDDLE NAME (GOTONG PANGALAN)	
ADDRESS (IND. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN, BLANG AT KALYE, LUNGOD/BAYAN AT LALAWIGAN)					POSTAL CODE
SEX (KASARIAN)	DATE OF BIRTH (KAPANGANAKAN)		CIVIL STATUS (KATAYUANG SIBL)		
<input type="checkbox"/> MALE (LALAKO)	<input type="checkbox"/> FEMALE (BABAE)	m m d d y y	<input type="checkbox"/> SINGLE (DIKANG ASAWA)	<input type="checkbox"/> MARRIED (MAY ASAWA)	<input type="checkbox"/> WIDOWED (MAY D)
BENEFICIARIES (MAKIKINABANG)					
SPOUSE (ASAWA)			FATHER (AMA)		
CHILDREN (MGA ANAK)		DATE OF BIRTH (KAPANGANAKAN)	MOTHER (INA)		
		m m d d y y			
OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG, KUNG WALANG ASAWA, ANAK O MAGLANS)					
			NAME (PANGALAN)	RELATIONSHIP (RELASYON)	
1					
2					
3					
4					
5					
THUMBMARK			I hereby certify that the above information are true and correct ay totoo at tama.) Signature (Lagda)		
LEFT (KALIWA)		RIGHT (KANAN)			


 JOEY T. TUMANDA
 NOV 21 2024
 Time

SSS Manduc Branch
 Compound w/ Original
 Received
 Retired

PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)

