



Republic of the Philippines
Cebu Technological University
 NAGA EXTENSION CAMPUS
 Central Division, City of Naga, Cebu, Philippines
 SDC Level IV University, CHED Recognized, AACUP Accredited and ISO 9001:2008 Quality Management System Certified



DIPLOMA

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME
 BE IT KNOWN THAT

KYLA MAE M. CANOY

*Having satisfactorily completed the prescribed program of instruction on recommendation of the faculty of Cebu Technological University,
 duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines,
 has this day been granted the degree of*

**Bachelor of Secondary Education
 Major in Mathematics
 Cum Laude**

*with all the rights, honors, and privileges thereto appertaining. In testimony whereof the seal of the
 Cebu Technological University and the signatures of the University Registrar,
 the Campus Director and the University President are hereunto affixed.
 Given in Central Division, City of Naga, Cebu, Philippines this 18th of August, 2022.*



JOVEL R. DAVOS
 Campus Registrar

ROSEIN A. ANCHETA JR., D.M., Ph.D.
 SUC President IV

ADELINE P. DELA CRUZ, DM-IRM
 Campus Director





Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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, 5b and 19a.)

Province CEBU Registry No. 2177-1461
City/Municipality SAYRAN

1. NAME (First) (Middle) (Last)
RYLA MAE MADRANO GANCO

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
20 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
SINJALON MEDICAL CLINIC TABUNOG SAYRAN CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Others, Specify
X 1 Single
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify
X 1 First

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
d. WEIGHT AT BIRTH 3400 grams

6. MAIDEN NAME (First) (Middle) (Last)
RYLA MADRANO GANCO

7. CITIZENSHIP PHILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4
b. No. of children still living including this birth: 4
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
SOUTH JOB, SAN FERNANDO CEBU CITY

13. NAME (First) (Middle) (Last)
RYLA MADRANO GANCO

14. CITIZENSHIP PHILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION HOUSEWIFE 17. Age at the time of this birth: 24 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 21, 1991 SAN FERNANDO CEBU

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
X 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 9:40pm a'clock am/pm on the date stated above.

Signature [Signature] Address NOROG HOMES, TABUNOG
Name in Print
Title or Position ROSGARIA SYMBALON M.D. Date MAY 26, 2000
20. INFORMANT PHYSICIAN

Signature [Signature] Address SOUTH JOB, SAN
Name in Print FERDINAND M. GANCO
Relationship to the child FATHER Date MAY 26, 2000
21. PREPARED BY

Signature [Signature] Address
Name in Print ROSGARIA GUNADIAS
Title or Position REGISTERED ALIAS Date MAY 2000
Signature [Signature] Address
Name in Print SEVERINO A. AMODIA
Title or Position MUN. CIVIL REGISTRAR Date MAY 31 2000
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

2250-B00KLD4-6
8001461
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000313
Seal of the Municipal Civil Registrar of Sayran, Cebu City

07087-63-400KGC-01962-BI001

BRn 02250-B00KLD2-3

JOSE B. PEREZ



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NUMBER	121253168714
REGISTRATION TRACKING NUMBER	919176274931

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CANDY	KYLA MAE		MEDRANO	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	MEDRANO	ARLENE		A	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CANDY	KYLA MAE		MEDRANO	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
05/20/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
SAN FERNANDO, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm.)	WEIGHT (kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/WFP Employee: Serial/Badge No.	
				For Dept/Ed Employee: Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
Subdivision		Barangay			Business (Direct Line)
Municipality/City SAN FERNANDO		Province/State/Country CEBU, PHILIPPINES			Business (Toll-Free Line)
ZIP Code 6015					Email Address
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
House No.		Street Name		Phase No.	
		Subdivision		Barangay	
Municipality/City SAN FERNANDO		Province/State/Country CEBU, PHILIPPINES			ZIP Code 6015
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **122518156037**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : SELF-EARNING INDIVIDUAL Effectivity Period :

CANOY, KYLA MAE MEDRANO

POBLACION SOUTH, SAN FERNANDO,
 CEBU 6018

Foreign Address : N/A Sex : Female
 Date of Birth : 05/20/2000
 Place of Birth : TALISAY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 4880920 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

EDWIN M. ORIÑA, MD
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. *Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.*

This is a system generated report. Signature is not required.

BIRTH



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4314219-2

CANOY, KYLA MAE MEDRANO

Birthdate: 05/20/2000





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

CANOY, KYLA MAE MEDRANO

TIN: 614-420-888-000

SOUTH POBLACION SAN FERNANDO

CEBU 6018

BIRTH DATE: 05/20/2000

ISSUE DATE: 09/16/2022



Kyla Mae Medrano
SIGNATURE

* 011968932 *

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.