

Copy for GCRM

CERTIFICATE OF LIVE BIRTH

1. NAME: **MIANA ANTONIA BRANA**

2. SEX: Male Female

3. DATE OF BIRTH: **13 MARCH 1998**

4. PLACE OF BIRTH: **CESO ALY MEDICAL CENTER, CEBU CITY**

5a. TYPE OF BIRTH: Single Twin Triplet, etc.

5b. IF MULTIPLE BIRTH CHILD WAS: 1st 2nd 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th

6. BIRTH ORDER: **565**

7. MAIDEN NAME: **ROSSELIE ANTONIA BRANA**

8. CITIZENSHIP: **FILIPINO**

9. RELIGION: **CATHOLIC**

10. OCCUPATION: **None**

11. AGE AT THE TIME OF THIS BIRTH: **37** years

12. RESIDENCE: **SAN JOSE, DIVISION OF, TALAMBA, CEBU CITY**

13. NAME: **IGNACIO ANTONIO BRANA**

14. CITIZENSHIP: **FILIPINO**

15. RELIGION: **CATHOLIC**

16. OCCUPATION: **None**

17. AGE AT THE TIME OF THIS BIRTH: **37** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: **FEBRUARY 28, 1960 at TALAMBA PARISH CHURCH, CEBU CITY**

19a. ATTENDANT: Physician Nurse Midwife Others (Specify)

19b. CERTIFICATION OF BIRTH: **510**

20. INFORMANT: **STANLEY G. FUALIST**, Address: **SAN JOSE, DIVISION OF, TALAMBA, CEBU CITY**, Date: **MARCH 11, 1998**

21. PREPARED BY: **STANLEY G. FUALIST**, Address: **SAN JOSE, DIVISION OF, TALAMBA, CEBU CITY**, Date: **MARCH 11, 1998**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: **QUELLA N. DEJR**, Date: **MARCH 11, 1998**

REMARKS/NOTATION

98-6886 / 13/3/98

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CDSM

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



Documentary Stamp Tax Paid





MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120255225982**
 Member Category : FORMAL ECONOMY NHTS Coverage
 Sub-Category : PRIVATE Effectivity Period

ERANA, RHENA ANGANA

PRK 5, SAN JOSE, CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Female
 Date of Birth : 03/13/1998
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number : 327613764

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000037189
 Name of Employer/Organized Group : ALFA BUSINESS OUTSOURCING PHILIPPINES INC
 Business Address : 15F CHINABANK BUILDING CEBU BUSINESS PARK, LUZ, CEBU CITY, CEBU
 Telephone Number : 344 7726
 Tax Identification Number : 480283823000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122541719421	ERANA	SHONE RAINER ANGELO		Male	Son	07/19/2018

*** NOTHING FOLLOWS ***

LOURDES F. DIOCSON
 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 makinabang ng benepisyo, magbigay ng kopya sa ospital. *Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to arrival 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 availing of benefits.*

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

Employee Static Information (RRCS)

C.R.N.

SS Number **06-3815572-5**Date of Birth **03-13-1998**Member Name **ERANA, RHENA ANGANA**Date of Coverage **07-2016**

(Surname, First Name Extension Middle Name)

Address & Contact Information**MEMBER DETAILS**

E-1 Flag Status :	E-1 FILED
Sex	FEMALE
Reporting Date	08-17-2016
Reporting ID :	03-9148990-3
Latest ER ID :	03-9148990-3
Latest ER Name :	TPPH-FHCS, INC
Claim Flag Status :	NO CLAIM
SS Number Status :	SS NUMBER ACTIVE
Transferred to (New SS Number) :	
Coverage Status :	COVERED EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification :	
SS Number Withdrawal Reason :	
Record Location :	CEBU
SMB PB Enrollment Information :	• MEMBER NOT YET ENROLLED IN THIS PROGRAM



UNIVERSITY OF CEBU-MAIN
STUDENTS' ACCOUNTING SECTION



ASSESSMENT SLIP

UNIVERSITY OF CEBU
 14313050 ERANA, RHENA A.

2nd SEMESTER SY 2015-2016
 BSED 2

SCHOLARSHIP: SCHOLARSHIP SIYUDAD SA SUGBO 5

SUBJECT	UNITS	INT	STATEMENT OF ACCOUNT	PAYMENT(S)
NAT SC 2H	3.0		OLD ACCOUNT	14,271.00
SPT 3	1.0		FEES:	
LIT 3	3.0		TUITION	15,587.00
ENGL 3	3.0		LABORATORY	410.00
EDUC 2B	3.0		REGISTRATION	475.00
PE 3	2.0		MISCELLANEOUS	2,497.00
SOC SC 7	3.0		CMPS/ROLL	.00
NAT SC 1	3.0		BREAKAGE	.00
PHILD 2	3.0		ATRCON/M-MEDIA	97.68
EDUC 2A	3.0		TOTAL FEES	19,169.68
	27.0		TOTAL DUE	33,440.68
			LESS: PAYMENT	.00
			LESS: DISCOUNT	.00
			ADD: ADJUSTMENT	.00
			LESS: ADJUSTMENT	.00
			BALANCE	33,440.68
			DUE FOR PRELIM	8,360.00

THIS SERVES AS YOUR PRELIM EXAMINATION PERMIT IF VALIDATED
 DATE: 11/27/2015 ACCTG IN-CHARGE: UC-MAIN/SFM SAS 001-000 8/26/10

Payments can also be made at any ASPAC Bank Branches or deposited to our Metrobank Acct. (Colon Branch) S/A-094-301142638



Municipal Form No. 102 (Revised August 2017) (Completed in quadruplicate using black ink)

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

Province CEBU		Registry No 2018 18846	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) SHONG RAINER ANGELO ERANA			
2. SEX (Male/Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 19 JULY 2018		
4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, House No., St., Barangay) (City/Municipality) (Province) CEBU PUER CENTER & MATERNITY HOUSE, IHC., CEBU CITY, CEBU			
5. TYPE OF BIRTH (Single/Twin/Triples, etc.) SINGLE	6. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	7. BIRTH ORDER (Order of mention in parents' marriage certificate) (First, Second, Third, etc.) FIRST	8. WEIGHT AT BIRTH (grams) 2,300
7. MOTHER'S NAME (First) (Middle) (Last) RHENA ANGANA ERANA			
8. FATHER'S NAME ANGANA ERANA		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION NONE
12. AGE at the time of this live birth (Completed years) 20			
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PUROK 5 SAN JOSE, CEBU CITY, CEBU, PHILIPPINES			
14. NAME (First) (Middle) (Last) UNKNOWN			
15. CITIZENSHIP N.A.		16. RELIGION/RELIGIOUS SECT N.A.	
17. OCCUPATION N.A.		18. AGE at the time of this live birth (Completed years) N.A.	
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) N.A.			
MARRIAGE OF PARENTS (If not married, acknowledge Affidavit of Availability before a Notary Public or a Justice of the Peace.)			
20a. DATE (Month) (Day) (Year) N.A.		20b. PLACE (City/Municipality) (Province) (Country) NOT APPLICABLE	
21a. ATTENDANT 1. Physician <input checked="" type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Priest (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Priest, etc.) I hereby certify that I attended the birth of the child who was born alive at 8:30AM on the date of birth specified above.			
Signature _____ Name in Print CLYDE MARX O. QUIMCO, M.D. Title or Position PHYSICIAN		Address CEBU PUER CNTR & MATERNITY HOUSE, INC., CEBU CITY Date 19 JULY 2018	
22. CERTIFICATION OF INFORMANT I hereby certify that the information furnished are true and correct to my own knowledge and belief. Signature _____ Name in Print RHENA A. ERANA Relationship to the Child MOTHER Address SAN JOSE, CEBU CITY, CEBU Date 19 JULY 2018		23. PREPARED BY Signature _____ Name in Print CLARIS T. ROXAS Title or Position CLERK Date 19 JULY 2018	
24. RECEIVED BY Signature _____ Name in Print LUZ N. CUGAY Title or Position ADMINISTRATIVE AIDE III Date JUL 24 2018		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PHILIPPA MEGABON Title or Position REGISTRATION OFFICER IV Date JUL 24 2018	
REMARKS/ANNOTATIONS (For LCRD/OCRG Use Only) JUL 24 2018			
TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5 9 11 13 15 16 17 19			



CSM