

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

Province **CEBU** Registry No. **2018 06296**  
City/Municipality **CEBU CITY**

**CHILD**  
1. NAME **ZAHARA SKYE IBARRA DINOGYAO**  
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH **21 FEBRUARY 2018**  
4. PLACE OF BIRTH **CEBU PUER. CENTER & MATERNITY HOUSE, INC. CEBU CITY, CEBU**  
5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS **NOT APPLICABLE** 5c. BIRTH ORDER **FIRST** 6. WEIGHT AT BIRTH **2,950 grams**

**MOTHER**  
7. MAIDEN NAME **JUVI GEORGINA IBARRA**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive, but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (completed years) **25**  
13. RESIDENCE **1464 JOY ST. BELMONT VILL., MINGLANILA, CEBU, PHILIPPINES**

**FATHER**  
14. NAME **RINZVILLE GARRIDO DINOGYAO**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **22**  
19. RESIDENCE **1464 JOY ST. BELMONT VILL., MINGLANILA, CEBU, PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the time of registration)  
20a. DATE **DECEMBER 28, 2017** 20b. PLACE **MINGLANILLA, CEBU, PHILS.**

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 **06:52 AM** am/pm on the date of birth specified above.

Signature *[Signature]* Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**  
Name in Print **DONNA E. BUGARIN, M.D.**  
Title or Position **PHYSICIAN** Date

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature *[Signature]*  
Name in Print **JUVI I. DINOGYAO**  
Relationship to the Child **MOTHER**  
Address **BELMONT VILL., MINGLANILA, CEBU**  
Date **21 FEBRUARY 2018**

23. PREPARED BY **21 FEBRUARY 2018**  
Signature *[Signature]*  
Name in Print **ANGELI P. CATALAN**  
Title or Position **CLERK**  
Date **21 FEBRUARY 2018**

24. RECEIVED BY  
Signature *[Signature]*  
Name in Print **LUZ N. CUGAY**  
Title or Position **ADMINISTRATIVE AIDE III**  
Date **MAR 05 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature *[Signature]*  
Name in Print **PHILIPP A. MEGABON**  
Title or Position **REGISTRATION OFFICER IV**  
Date **MAR 05 2018**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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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 15a.)

Province CEBU City/Municipality CEBU CITY Registry No. 85-22772

1. NAME (First) RINZVILLE (Middle) GARRIDO (Last) DINOGYAO

2. SEX  Male  Female

3. DATE OF BIRTH (Day) (Month) (Year) 11 SEPT. 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)  
1153 GEN. MAXILOM AVE., CEBU CITY

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

b. IF MULTIPLE BIRTH, CHILD WAS  First  Second  Other, Specify \_\_\_\_\_

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 1st

d. WEIGHT AT BIRTH 3917 grams

6. MAIDEN NAME (First) (Middle) (Last)  
MARISSA VILLASIN GARRIDO

7. CITIZENSHIP FILIPINO 8. RELIGION RC

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 HOUSEWIFE 11. Age at the time of this birth: 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
1153 GEN. MAXILOM AVE., CEBU CITY

13. NAME (First) (Middle) (Last)  
RICARDO MADAMAY DINOGYAO

14. CITIZENSHIP FILIPINO 15. RELIGION RC

16. OCCUPATION ELECTRICIAN 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCT. 22, 1994 BLESSED SACRAMENT PARISH RECUMINATION

19a. ATTENDANT AREA, CEBU CITY  
 1 Physician  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 4:20 o'clock am on the date stated above.

Signature Lidia Villaceran Address 1153 GEN. MAXILOM AVE. 1 CEBU CITY  
Name in Print LIDIA VILLACERAN Date 9-13-95  
Title or Position HILOT

20. INFORMANT  
Signature Maribel Dreygo Address 1153 Gen. Maxilom Ave. Cebu City  
Name in Print Maribel Dreygo Date Sept 11 1995  
Relationship to the child mother

21. PREPARED BY  
Signature Lidia Villaceran  
Name in Print LIDIA VILLACERAN  
Title or Position HILOT  
Date 9-13-95

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature CLERICE P. 13  
Name in Print CLERICE P. 13  
Title or Position CLERICE P. 13  
Date 09-13-95

REMARKS/ANNOTATION

FOR OCR USE ONLY: Population Reference Unit

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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03373-16-400RBB-00057-BI036

BEST POSSIBLE IMAGE



0033734000005703272009036

000426271

BReN  
0221-A95SB0L-8  
Documentary  
Stamp Tax Paid

*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

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

Province **CEBU** Registry No. **20210815**  
City/Municipality **MINGLANILLA**

**CHILD**  
1. NAME **ZURI SAIGE IBARRA DINOYAO**  
2. SEX **FEMALE** 3. DATE OF BIRTH **8 JULY 2021**  
4. PLACE OF BIRTH **MINGLANILLA MOTHER AND CHILD BIRTHING HOME, CO. SANGI CALAJO-AN, MINGLANILLA, CEBU**  
5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS **N/A** 5c. BIRTH ORDER **SECOND** 6. WEIGHT AT BIRTH **2,950 grams**

**MOTHER**  
7. MAIDEN NAME **JUVI GEORSUA IBARRA**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **2** 10b. No. of children still living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **DATA ANALYST** 12. AGE at the time of this birth **29**  
13. RESIDENCE **BELMONT VILLAGE PAKIGNE MINGLANILLA CEBU PHILIPPINES**

**FATHER**  
14. NAME **RINZVILLE GARRIDO DINOYAO**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CUSTOMER SERVICE REP** 18. AGE at the time of this birth **26**  
19. RESIDENCE **BELMONT VILLAGE PAKIGNE MINGLANILLA CEBU PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE **DECEMBER 28, 2017** 20b. PLACE **MINGLANILLA CEBU PHILIPPINES**

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 **9:21 AM** am/pm on the date of birth specified above.  
Signature **FLORDELESA C. FUERTES M.D.** Address **SANGI CALAJO-AN MINGLANILLA, CEBU**  
Name in Print **OBSTETRICIAN** Date **JULY 8, 2021**  
Title or Position

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature **JUVI DINOYAO** Signature **KALRYNN DEAU L. ESTRADA**  
Name in Print **MOTHER** Name in Print **STAFF MIDWIFE**  
Relationship to the Child **BELMONT VILLAGE PAKIGNE MINGLANILLA CEBU** Title or Position **JULY 8, 2021**  
Address **JULY 8, 2021** Date

23. PREPARED BY  
Signature **Evangelina B. Ramas**  
Name in Print **EVANGELINE B. RAMAS**  
Title or Position **Administrative Assistant I**  
Date **JUL 09 2021**

24. RECEIVED BY  
Signature **Meldred E. Deiparine**  
Name in Print **Administrative Aide III**  
Title or Position  
Date **JUL 09 2021**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



## CERTIFICATE OF EMPLOYMENT

This is to certify that **Rinzville Garrido Dinogyao** was an employee of **ExlService Philippines, Inc.** from April 25, 2022 up to April 5, 2023. He held the position of **Appointment Specialist**.

This further certifies that **Rinzville Garrido Dinogyao** had been cleared of all accountabilities with the company.

This certification is being issued upon the request of **Rinzville Garrido Dinogyao** for whatever lawful purpose it may serve.

Given this 5<sup>th</sup> day of May 2023 at Pasay City, Philippines.

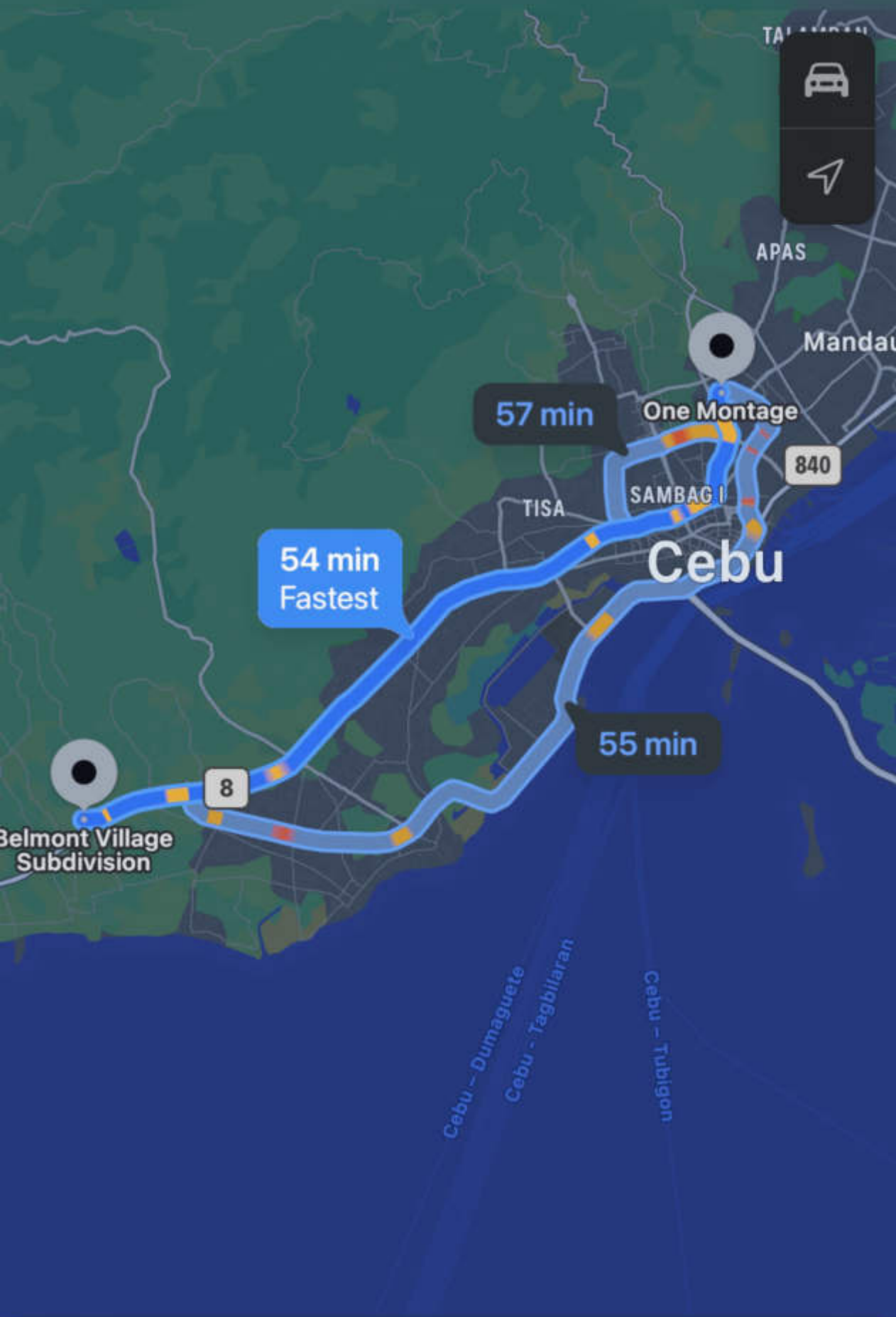
Very truly yours,

**EXLSERVICE PHILIPPINES, INC.**

A handwritten signature in black ink, appearing to read 'Sheryl B. Masinda', written over a faint circular stamp.

**Ms. Sheryl B. Masinda**  
**Senior Assistant Vice President – Human Resources**  
**ExlService Philippines, Inc.**

Location Services is off >



# To One Montage

From Belmont Village Subdivision

Leaving Now

