



Form No. 102
Revised January 1998
(To be accomplished in quadruplicate)
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 SURIGAO DEL SUR Registry No. 715
City/Municipality BISLIG CITY 2002 -

1. NAME (First) (Middle) (Last)
MERYL KRISHA MAR PAÑA TONGCO

2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
06 DECEMBER 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
AMERIS SORIANO MANORRAL HOSPITAL COOPERATIVE TABON, BISLIG CITY

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 2ND
d. WEIGHT AT BIRTH 3,827 grams

6. MAIDEN NAME (First) (Middle) (Last)
EVERLYN BALATERO PAÑA

7. CITIZENSHIP FILIPINO 8. RELIGION IGLESIA NI CRISTO

9a. Total number of children born alive: 02 b. No. of children still living including this birth: 02 c. No. of children born alive but are now dead: 00

10. OCCUPATION ELEMENTARY SCHOOL TEACHER 11. Age at the time of this birth: 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
P# 3 PAOT ILAAN, LINGIG, SURIGAO DEL SUR

13. NAME (First) (Middle) (Last)
MANOLO MAUBAY TONGCO

14. CITIZENSHIP FILIPINO 15. RELIGION IGLESIA NI CRISTO

16. OCCUPATION BARANWAY TREASURER 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 19, 1999 MANGAGAY, BISLIG, SURIGAO DEL SUR

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (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 1:55 P.M. o'clock any/any on the date stated above.

Signature [Signature] Address ASHC TABON, BISLIG CITY
Name in Print CAROLE S. RICOVALLA, M.D. Date 14 JANUARY 2002
Title or Position ATTENDING PHYSICIAN

20. INFORMANT
Signature [Signature] Address P# 3 PAOTILAN, LINGIG, SURIGAO DEL SUR
Name in Print MANOLO S. TONGCO Date 14 JANUARY 2002
Relationship to the child FATHER

21. PREPARED BY
Signature [Signature]
Name in Print M. S. BILAGHO
Title or Position MEDICAL RECORDS CLERK
Date 14 JANUARY 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print JENIA PL REYES-VILLANUEVA
Title or Position CITY CIVIL REGISTRAR
Date APRIL 2, 2002

REMARKS/ANNOTATION
"DELAYED REGISTRATION"

For OCRG USE ONLY:
Registration Reference No.
6900071

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 6900071

48 2

49 2 50 00000000

56 6900071

57 1

58 1

60 07 61 07 62 00

63 07 64 07 65 00

66 1 67 1

68 720 69 29

70 07 71 07 72 00

73 132 74 36

75 68031

76 1 77 1

78 720 79 29

80 1 81 1

82 1

83 1



08062-41-702JTD-00223-BI002

BEST POSSIBLE IMAGE

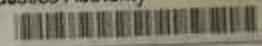


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06803-B01Z602-2

Documentary
Stamp Tax Paid

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



FEEL EYE:
 BRIGHT EYE:
 862196 C924151 CONUTEL
 PRIME CARE

Prime Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0004
SO No.	468764
S.O Date	07/22/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 103211
PATIENT NAME : TOMOBO, MERYL KRISHA MAE, PAÑA
PATIENT ADDRESS : Santa Cruz (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 0995 334 9239
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 12/06/2001
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME *PE CHEST PA, CBC, UA, SE, W/urine DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.) BIOMETRIES DONE	1.00	800.00	800.00

SUMMARY OF CHARGES

TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

ump: JUNE 20, 2024

PREPARED BY: Arissa Marie L. Armenion
DATE: JUL 22 2024
ACKNOWLEDGED BY: [Signature]
VERIFIED BY: [Signature]
 Signature Over Printed Name

VALIDATED

Date Created: 07/22/2024 09:16 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

*** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ***



ANDRES SORIANO COLLEGES OF BISLIG
Mangagoy, Bislig City
Tel. Nos. (086) 853-2306/(086) 853-2241

STATEMENT OF ACCOUNT

Students Name TOMOBO, MERYL KRISHA MAE PANA Date December 13, 2023
Semester/School Year: AY 2023-2024 / 1st Trimester Year/Course Bachelor of Science in Criminology

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TOTAL ASSESSMENT

P 13,460.00

PREVIOUS BALANCE: P 430.00
TUITION FEE (6.0 UNITS): P 1,800.00
MATRICULATION FEES: P 5,400.00
TRUST FUND AND LABORATORY FEES: P 700.00
T-SHIRT: P 430.00
GRADUATION FEE: P 4,700.00

LESS: payments

P 31,000.00

	DATE	O.R NUMBER	AMOUNT
cash	2023-10-02	73922	P 30,000.00
cash	2023-08-22	107747	P 1,000.00
Balance still collectible			P -17,540.00

Dear Parent/Guardian,

Shown above is the statement of account as of 13th day of December, 2023. If the data reflected is not correct, please provide us the necessary information and kindly see the office the soonest.

The assessment stated above is not deemed final as additional fees which have not yet been determined as of date may still be charged hereafter.

Thank you.

MARIA TERESA B. REBATO, MBA

Finance Head

Not valid W/out School Seal