



(Copy for OCRG)

Form No. 102
January 1993
(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 <u>C B B U</u>		Registration No. <u>24245</u>	
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>FRANCO PHIL SUHUA RUBEN</u>		REMARKS/ANNOTATION REGISTERED ONLY: Registration Reference No. _____ RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR 24245 190701 27/11 03 29 41 00084	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>10 SEPTEMBER 2001</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>WFMC, TAGUNOI, RIZAL AV., SUGBO, DASAK, CEBU CITY</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>THIRD</u>	d. WEIGHT AT BIRTH <u>3430</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>LILIANA GABAYON SULAYA</u>			
7. CITIZENSHIP <u>FILIPINO</u>			
8. RELIGION <u>ROMAN CATHOLIC</u>			
9a. Total number of children born alive: <u>03</u>	b. No. of children still living including this birth: <u>03</u>		
c. No. of children born alive but are now dead: <u>00</u>			
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>32</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>131- DASAK, SUGBO, SUGBO, CEBU CITY</u>			
13. NAME (First) (Middle) (Last) <u>HILARIO TANUA ANTONIO</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>None</u>		17. Age at the time of this birth: <u>61</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JULY 03, 1993 - FUNTA MINGLANA, PARISH CHURCH, CEBU CITY</u>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:40 A.M.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>HERLITA F. ALIANO</u> Title or Position <u>DR. MIDWIFE</u>		Address <u>C/O CRI MACHINES SHOP PD 270A CALAN, AMIGAS CITY</u> Date <u>SEPTEMBER 11, 2001</u>	
Signature <u>[Signature]</u> Name in Print <u>HILARIO T. RUBEN</u> Relationship to the child <u>FATHER</u>		Address <u>131- DASAK, CABREROS, SUGBO, CEBU CITY</u> Date <u>SEPTEMBER 11, 2001</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>SARA M. BADIOLA</u> Title or Position <u>SECRETARY</u> Date <u>SEPTEMBER 11, 2001</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LOUIE M. DE NITO</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>SEP 11 2001</u>	

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BEST POSSIBLE IMAGE



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02217-B01SA18-2

Documentary
Stamp Tax Paid

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

BARANGAY BASAK SAN NICOLAS
OFFICIALS HEADED BY:



HON. NORMAN A. NAVARRO
Barangay *Captain*
and Over-all Chairman

TOGETHER in cooperation with the
BARANGAY COUNCILORS:



HON. GIOVANNI S. TABADA
Chairman - Committee on
Barangay Environmental
Management Program
and Committee on
Barangay Disaster Risk
Reduction



HON. JOHN L. RAMA
Chairman - Committee on
Peace and Order and
Committee on Ways,
Means and Laws



HON. JOSEPH ROY D. VIODOR
Chairman - Education



HON. WENCESLAD JOSHUA C. MURILLO
Chairman - Committee on
Infrastructure and Public
Works



HON. DENNIS Q. TAMARRA
Chairman - Committee on
Health



HON. EMMANUEL G. SUSAYA
Chairman - Committee on
General Services, Committee
on Appropriations, Budget
and Finance and Committee
on Bids and Awards



HON. MA. CHARIESE V. ROLLO
Chairman - Committee on
Social Services



HON. JESSIET. APIAG
Chairman - Committee on Youth
Development, Committee on Sports
and Recreation and Committee on
Culture and Sports

Barangay Secretary
MARVIN B. PACAÑA

Barangay Treasurer
VERONICA M. MOHLEON



REPUBLIC OF THE PHILIPPINES
City of Cebu
BARANGAY BASAK SAN NICOLAS

Crossing L. Gabuya St.
Barangay Basak San Nicolas
Cebu City, Philippines, 6000
Tel. No. (032) 383-7179 / (032)
383-7193 / (032) 254-4274

OFFICE OF THE BARANGAY CAPTAIN

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that FRANCO PHIL SUMAYA RUBEN, 22 years of age, SINGLE, whose thumb mark and signature appears below is a bona fide resident in this Barangay since 2001 with postal address at SITIO PANAGSAMA, Basak San Nicolas, Cebu City, which is under my area of jurisdiction.

This is to certify further that to the best of my knowledge the said person has no derogatory / criminal records in this Barangay until present.

This certification is being issued upon the request of the aforesaid person for EMPLOYMENT requirement purposes only.

Given this 25th day of JULY, 2024 at Barangay Hall, Basak San Nicolas, Cebu City, Philippines, 6000.

HON. NORMAN A. NAVARRO
Barangay Captain



FRANCO PHIL SUMAYA RUBEN
Signature over printed name

ETC NO : 25324188
Place Issued : Cebu City
Date Issued : 2024-07-24

"Barangay Basak San Nicolas: Trademark of Respect - Transparency, Leadership and Freedom"

Note: Any erasure, alteration will render this certificate invalid.

Valid within the calendar year

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

SERVICE ORDER



BILL TO :

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

Priority No.	0046
SO No.	469481
S.O Date	07/29/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 103521
PATIENT NAME : RUBEN, FRANCO PHIL, SUMAYA
PATIENT ADDRESS : San Roque, City Of Talisay, Cebu
MOBILE NO. : 0995 452 8482
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 09/10/2001
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PE, CHEST PA, UA, SE, waived DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1	800.00	800.00	TOTAL SALES : 800.00 VATALE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

BIOMETRICS DONE
 07/29/2024

Prime CARE
ALPHA

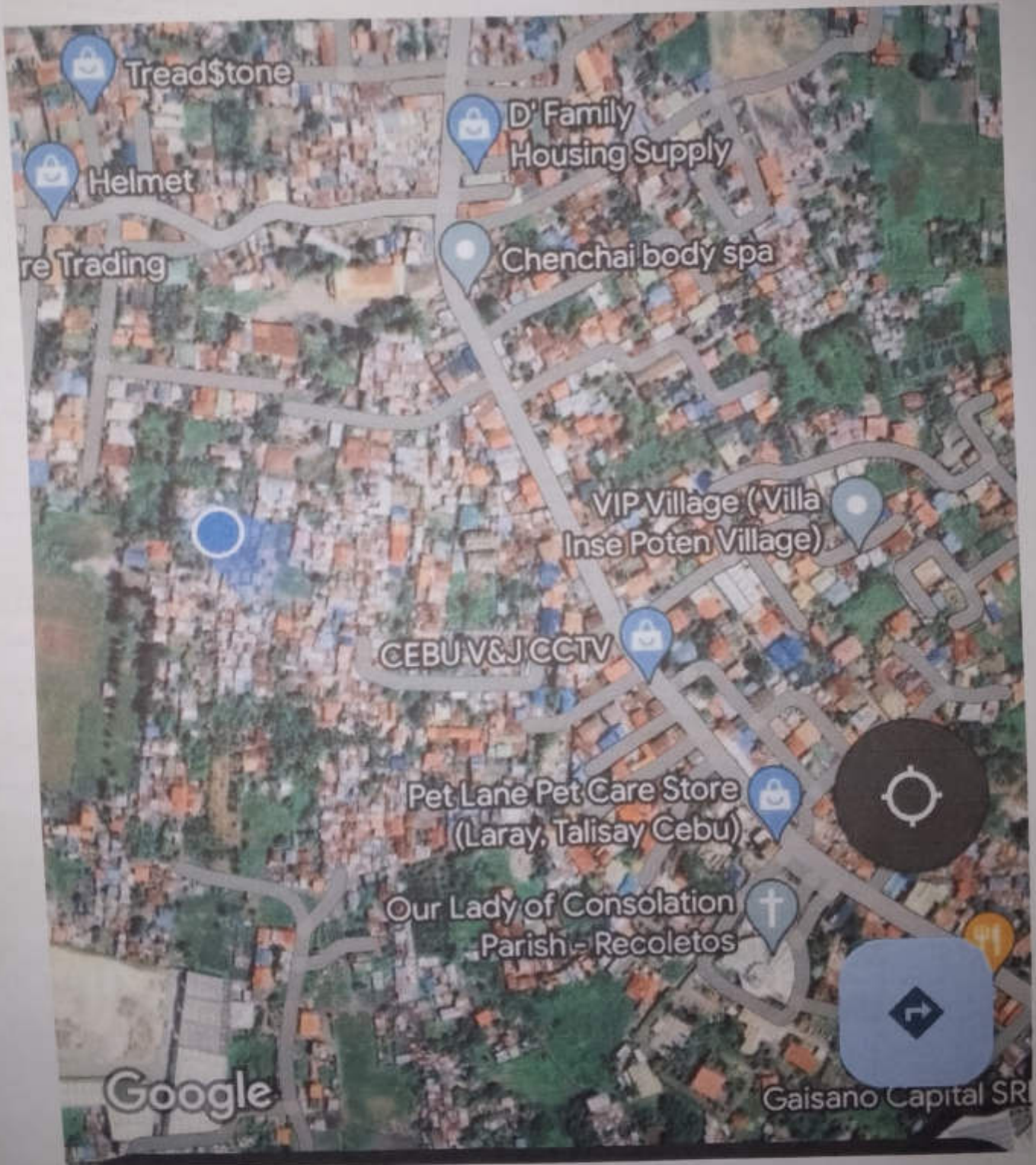
PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: Signature Over Printed Name	VALIDATED Signature Over Printed Name BY: [Signature]
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I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed 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 ****

Ruben, Franco Phil S.

House Sketch





Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0668IW202407266252 Date/Time Generated: 26 July 2024 03:44:09 PM

SS NUMBER 06-4932957-9					
NAME					
(LAST NAME) RUBEN	(FIRST NAME) FRANCO PHIL	(MIDDLE NAME) SUMAYA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 09102001	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) RUBEN	(FIRST NAME) HILARIO	(MIDDLE NAME) TABADA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) SUMAYA	(FIRST NAME) IMELDA	(MIDDLE NAME) SABEJON	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) 131 - Q	(STREET NAME) BASAK CABREROS EXT.	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) BASAK SAN NICOLAS	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 167.47	WEIGHT (IN KILOGRAMS) 58	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0995) 752-8482	EMAIL ADDRESS francophilruben10@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	

UMID CARD AS ATM CARD (BANK NAME) _____ (BANK BRANCH) _____

CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION

1. I certify that the information provided are true and correct.
 2. I hereby consent to:
 • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;
 • sharing of these data with SSS service providers to carry out the purposes stated above; and
 • disposal of this application in the manner consistent with the Data Privacy Act.
 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.