



Only to ODRG

(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 2 before the appropriate answer in Items 2, 3a, 5a and 15a.)

Province <u>NEGU</u>		Registry No. <u>2000-1619</u>		REMARKS/ANNOTATION
City/Municipality <u>NAGA</u>				
1. NAME (First Middle Last) <u>JELAJICA LUMANGTAN TOROIRO</u>		Per Civil Registrar General's Prescription, Attachment No. <u>2734-Proc/204</u>		
2. SEX <u>1 Male</u> 2 Female		3. DATE OF BIRTH (year month day) <u>7 SEP 2017</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ City/Municipality Province) <u>VERTE VENTURA MEMORIAL CLINIC - NAGA CEBU</u>		19. Is this child being registered in the Civil Registrar's Office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5a. TYPE OF BIRTH <u>1 Single</u> 2 Twin 3 Triple, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> 2 Second 3 Other, Specify		
c. BIRTH ORDER (live births and total deaths including this delivery) <u>1st</u> (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>3.90</u> grams		
6. MOTHER'S NAME (First Middle Last) <u>GERIZA LUMANGTAN TOROIRO</u>		7. CITIZENSHIP <u>FILIPINO</u>		
8. RELIGION <u>CATHOLIC</u>		9a. Total number of children born alive <u>4</u>		
9b. No. of children still being included this birth <u>1</u>		9c. No. of children born alive but are now dead <u>0</u>		
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth <u>41</u> years		
12. RESIDENCE (House No., Street, Barangay) City/Municipality Province <u>DAGADAG NAGA CEBU</u>		13. NAME (First Middle Last) <u>GERIZA LUMANGTAN TOROIRO</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>CATHOLIC</u>		
16. OCCUPATION <u>HOUSEWIFE</u>		17. Age at the time of this birth <u>41</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>N/A</u>				101 <u>1000161</u> 102 <u>1</u> 103 <u>2</u> <u>07092017</u> 104 <u>22993</u> 105 <u>1</u> 106 <u>09</u> <u>09</u> <u>00</u> 107 <u>1</u> <u>1</u> 108 <u>09</u> <u>09</u> <u>00</u> 109 <u>2</u> <u>0</u> <u>4</u> 110 <u>27343</u> 111 <u>9</u> <u>9</u> 112 <u>000</u> <u>07</u> 113 <u>2</u> <u>000146</u> 114 <u>3</u>
19a. ATTENDANT <u>3 Midwife</u>				
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>5:29</u> o'clock <u>AM/PM</u> on the date stated above.)				
Signature <u>[Signature]</u> Address <u>VERTE - NAGA, CEBU</u>		Name in Print <u>ROSA C. CALIBATAN</u> Date <u>SEP 7, 2017</u>		
Title or Position <u>REG. MIDWIFE</u>				
20. INFORMANT Signature <u>[Signature]</u> Address <u>NAGA, NAGA, CEBU</u>		Name in Print <u>GERIZA TOROIRO</u> Date <u>SEP 7, 2017</u>		
Title or Position <u>MOTHER</u>				
21. PREPARED BY Signature <u>[Signature]</u> Address <u>NAGA, NAGA, CEBU</u>		Name in Print <u>LEONAR C. PANDAYAN</u> Date <u>SEP 7, 2017</u>		
Title or Position <u>REG. MIDWIFE</u>				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>NAGA, NAGA, CEBU</u>		Name in Print <u>PURLITA A. BALBUENA</u> Date <u>SEP 22 2017</u>		
Title or Position <u>REG. REGISTRAR</u>				

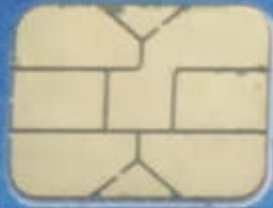
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02234-8007704-6
Documentary
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Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Pag-IBIG *Plus*
LOYALTY CARD



JELAICA L. TOQUIRO

MID No. 1212-6162-1517



3*1502*2053*035764





Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabojo, 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.	0075
SO No.	469510
S.O Date	07/29/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 103534
PATIENT NAME : TOQUIRO, JELAICA, LUMANGTAD
PATIENT ADDRESS : Tisa, Cebu City (Capital), Cebu
MOBILE NO. : 09608037714
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 09/07/2000
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY P2ME +PE CHEST PA, CBC, UA, SE, <i>W/HR</i>	1.00	800.00	800.00

DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON AVAILMENT.)



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

PREPARED BY:
 Floren A. Manigos

ACKNOWLEDGED BY:
 Signature Over Printed Name

VALIDATED BY:
 BY: Signature Over Printed Name

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 ****

I am Sorry !!!!!



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) **120516138411**
 Member Category **FORMAL ECONOMY** NHTS Coverage
 Sub-Category **PRIVATE** Effectivity Period

TEQUIRO, JELAICA LUMANGTAD
 NAALAD, NAGA, CEBU 6037

**PLEASE KEEP ORIGINAL COPY OF
 MEMBER DATA RECORD (MDR)**

Foreign Address **N/A** Sex **Female**
 Date of Birth **09/07/2000**
 Place of Birth **NAGA, CEBU**
 Contact No. (Foreign) **N/A** Civil Status **SINGLE**
 (Local) **09972190050** Tax Identification Number

EMPLOYER/ORGANIZED GROUP INFORMATION

PhilHealth Number (PEN/POGN) **001000020773**
 Name of Employer/Organized Group **FIS GLOBAL SOLUTIONS PHILIPPINES INC**
 Business Address **9F ECOPLAZA BLDG 2305 CHINO ROCES AVE EXT, MAGALLANES, MAKATI CITY, FOURTH DIST**
 Telephone Number **3069000**
 Tax Identification Number **007429632000**

DEPENDENT INFORMATION

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

*** NOTHING FOLLOWS ***

LOURDES F. DIOCSON
 Regional Vice President
 PRO - VII Cebu City

I am Sorry !!!!!



Republic of the Philippines
Department of Finance
BUREAU OF INTERNAL REVENUE
Office of the Revenue District Officer
Revenue District No. 083
Talisay City

TIN VERIFICATION Query Results

TIN: 504-308-468-000 RDO CODE: 083

NAME: Jelaica Toquiro

DATE of BIRTH: September 7, 2000

ADDRESS: Center ~~Delgado~~, Naga, Cebu

TAXPAYER
CLASSIFICATION: Local Employee

VERIFIED BY: _____

Attachment: (Any of the following)

- Any valid I.D. (Passport, Company, LTO License, Company I.D., Philhealth)
- Birth Certificate or Marriage Cert.
- Any Documents showing Name, Address & Birthdate of Taxpayer

RECEIVED
BUREAU OF INTERNAL REVENUE
Revenue District No. 083 - Talisay City
SEP 13 2022

24 NOVEMBER 2021

Gender/Sex
FEMALE

Living Dugay/Blood Test
UNKNOWN

Kasagayang Silbi/Mariage Status
SINGLE

Lugar ng Paganngalan/Place of Birth
CITY OF NAGA, CE