

(Copy for OCR)



Municipal Form No. 102
(Revised 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 **Cebu** Registrar No. **2001 24723**

City/Municipality **Cebu City**

1. NAME (First) **KENT** (Middle) **SAROL** (Last) **LUGAS**

2. SEX Male Female **3. DATE OF BIRTH** (day) (month) (year) **28 August 2001**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) **VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU**

5a. TYPE OF BIRTH 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) **1ST** (first, second, third, etc.) **d. WEIGHT AT BIRTH** **3072** grams

6. MAIDEN NAME (First) **MARVE** (Middle) **PANCHO** (Last) **SAROL**

7. CITIZENSHIP **FILIPINO** **8. RELIGION** **ROMAN CATHOLIC**

9a. Total number of children born alive: **4** **b. No. of children still living including this birth:** **4** **c. No. of children born alive but are now dead:** **0**

10. OCCUPATION **FACTORY WORKER** **11. Age at the time of this birth** **28** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
DANA O CITY, CEBU

13. NAME (First) **JEFFREY** (Middle) **DAGATAN** (Last) **LUGAS**

14. CITIZENSHIP **FILIPINO** **15. RELIGION** **ROMAN CATHOLIC**

16. OCCUPATION **DRIVER** **17. Age at the time of this birth** **00** years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 5, 2001 - NAGA, CEBU

19a. ATTENDANT
 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 **12:19 A.M.** o'clock am/pm on the date stated above.

Signature *[Signature]* Address **VSMHC, CEBU CITY**
Name in Print **ROBERTO F. DILLA, M.D.**
Title or Position **MEDICAL OFFICER III** Date **August 26, 2001**

20. INFORMANT
Signature *[Signature]* Address **Danao City**
Name in Print **MARVE LUGAS**
Relationship to the child **MOTHER** Date **August 26, 2001**

21. PREPARED BY
Signature *[Signature]*
Name in Print **JOY CECILIA TRANI**
Title or Position **NURSE I**
Date **August 26, 2001**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print **LORELLA N. DENILA**
Title or Position **REGISTRATION OFFICER III**
Date **AUG 13 2001**

REMARKS/ANNOTATION

Per Census-TAB ONLY: Population Reference No. **401-4732**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

000212

07089-36-400KGC-01183-BI001
BEST POSSIBLE IMAGE

BREN
07247.R010S14.7

CSM



Republic of the Philippines
Province of Cebu
Municipality of San Fernando, Cebu
BARANGAY SOUTH POBLACION



OFFICE OF THE PUNONG BARANGAY

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that KENT S. LUGAS, 22 years old, Filipino citizen, a resident of Purok TAMSI South Poblacion, San Fernando, Cebu. He/she is personally known to me of good moral character and law-abiding citizen.

THIS CERTIFICATION also serves as **BARANGAY CLEARANCE** and is issued upon the request of the above-mentioned name for **EMPLOYMENT PURPOSES ONLY**

Issued this 12th day of AUGUST, 2024 at Barangay South Poblacion, San Fernando, Cebu.

Amount Paid : ₱ 80.00
Paid Under No. : 5538103
Date : 8/12/2024

Approved by
Hon. Rudy R. Taping, Jr.



Medgrupppe 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
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	0044
SO No.	471444
S.O Date	08/19/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 104400
PATIENT NAME : LUGAS, KENT, SAROL
PATIENT ADDRESS : Poblacion South, San Fernando, Cebu
MOBILE NO. : 0961 132 8827
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 08/26/2001
AGE : 23
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE : P127
PARTICULARS/PROCEDURE :
 CHEST PA, CBC, UA, SE
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
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

PREPARED BY:
 Floren A. Manigos

ACKNOWLEDGED BY:

Signature Over Printed Name

Signature Over Printed Name

BIOMETRICS DONE
 DATE: **AUG 19 2024**

VALIDATED
 BY: *[Signature]*