

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province **CEBU** Registry No. **2023-02582**  
City/Municipality **TALISAY CITY**

**CHILD**  
1. NAME (First) (Middle) (Last)  
**AZARIA KEI CAMACHO DACALAN**  
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**15 JUNE 2023**  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**WELL FAMILY MIDWIFE CLINIC-SAM ISIDRO TALISAY CITY CEBU**  
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **M/4** 5c. BIRTH ORDER (Order of this birth to previous live births - including fetal deaths) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **3,300** grams

**MOTHER**  
7. MAIDEN NAME (First) (Middle) (Last)  
**MAY-ANNE ABELLANA CAMACHO**  
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 **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **27**  
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**SAM ISIDRO TALISAY CITY CEBU PHILIPPINES**

**FATHER**  
14. NAME (First) (Middle) (Last)  
**JOHN MARK LAROA BACALAN**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **CALL CENTER AGENT** 18. AGE at the time of this birth (completed years) **26**  
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**SAM ISIDRO TALISAY CITY CEBU PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)  
20a. DATE (Month) (Day) (Year) **NOT MARRIED** 20b. PLACE (City / Municipality) (Province) (Country) **NOT MARRIED**

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 **11:31** am/pm on the date of birth specified above.  
Signature \_\_\_\_\_ Address **WELL FAMILY MIDWIFE CLINIC**  
Name in Print **MAZARINA A. MARIA** **SAM ISIDRO, TALISAY CITY, CEBU**  
Title or Position **RM. CLINIC MANAGER** Date **JUNE 15, 2023**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature \_\_\_\_\_  
Name in Print **MAYLENNE A. CAMACHO**  
Relationship to the Child **MOTHER**  
Address **SAM ISIDRO, TALISAY CITY, CEBU**  
Date **JUNE 15, 2023**

23. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print **MAZARINA A. MARIA**  
Title or Position **RM. CLINIC MANAGER**  
Date **JUNE 15, 2023**

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print **ROSALIE L. AUTOR**  
Title or Position **ASST. CITY CIVIL REGISTRAR**  
Date **JUN 20 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print **FEBRITT LOURDES G. CABANERO**  
Title or Position **CITY CIVIL REGISTRAR CITY OF TALISAY, CEBU**  
Date **JUN 20 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**CERTIFIED MACHINE COPY**  
*[Signature]*  
TO BE RETURNED TO THE OFFICE OF THE CIVIL REGISTRAR  
**ASST. CITY CIVIL REGISTRAR**





Municipal Form No. 102  
(Revision January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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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 C E B U Registry No. 2002-540  
City/Municipality Dumanjug

1. NAME (First) (Middle) (Last)  
MAY-ANNE ABELLANA CAMACHO

2. SEX XX 1 Male XX 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
30 May 1996

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Peblacion Dumanjug Cebu

5a. TYPE OF BIRTH XX 1 Single XX 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  
2812 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Librada Abellana

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 01  
b. No. of children still living including this birth: 01  
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Peblacion Dumanjug Cebu

13. NAME (First) (Middle) (Last)  
Adriana Abellana Camacho, Jr.

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Barge Crew 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.)  
November 18, 1995 Cebu City

19a. ATTENDANT XX 1 Physician XX 4 Hilot (Traditional Midwife)  
2 Nurse 3 Midwife 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 5:30 AM o'clock am/pm on the date stated above.

Signature FLAVIANA CINCO Address Lawa-an, Dumanjug  
Name in Print Hilot Date Cebu  
Title or Position

20. INFORMANT  
Signature Juanita Camacho Address Peblacion, Dumanjug  
Name in Print JUANITA CAMACHO Date April 22, 2002  
Relationship to the child Grandmother

21. PREPARED BY  
Signature VICTORIA M. CASTRO  
Name in Print Clerk  
Title or Position  
Date April 22, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature EMILIA J. VILLARREAL  
Name in Print Municipal Civil Registrar  
Title or Position  
Date April 22, 2002

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41  
48  
49 50  
56  
61  
62 64  
68 69  
70 72 74  
76 79  
81  
86 87  
88 91  
93 000160  
94

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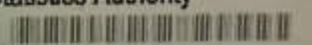


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GK800137870

BReN  
02224-A96KW02-5

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





**OFFICIAL TRANSCRIPT OF RECORDS**

NAME : CAMACHO, MAY-ANNE A

STUDENT NO : 12101465

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>BSHRM 3</u>	<u>1ST SEMESTER, 2017 - 2018</u>		
FIN 1	BASIC FINANCE	2.8	3
HRM 26	ROOMS DIVISION MANAGEMENT AND CONTROL SYSTEM	2.5	3
HRM 29	FOREIGN LANGUAGE (ELECTIVE 1)	2.3	3
HRM 34	MANAGEMENT INFORMATION SYSTEM	2.9	3
FIL 2J	PAGBASA AT PAGSULAT TUNGO SA PANANALIKSIK	2.1	3
HRM 14C	HOSPITALITY SALES AND MARKETING	2.0	3
HRM 4C	PRINCIPLES OF TOURISM 2 (TOURISM INDUSTRY OVERVIEW)	2.4	3
MATH 20H	BASIC STATISTICS	2.7	3
POL SC 6	POLITICS AND GOVERNANCE WITH PHILIPPINE CONSTITUTION	3.0	3
HRM 38B	HOSPITALITY OPERATIONAL AND ORGANIZATIONAL MANAGEMENT	2.3	3
<u>BSHRM 4</u>	<u>2ND SEMESTER, 2017 - 2018</u>		
RIZAL	LIFE AND WORKS OF DR. JOSE P. RIZAL	2.9	3
HRM 27	HOSPITALITY RESEARCH METHODS AND TECHNIQUES	1.5	3
HRM 32	TOTAL QUALITY MANAGEMENT	5.0	0
HRM 35	HUMAN BEHAVIOUR IN ORGANIZATION	2.9	3
HRM 37	TOURISM PLANNING AND DEVELOPMENT	2.6	3
HRM 40	LEISURE, SPORTS AND RECREATION MANAGEMENT	1.7	3
HRM 30	FOREIGN LANGUAGE (ELECTIVE 2)	2.6	3
<u>BSHRM 4</u>	<u>1ST SEMESTER, 2018 - 2019</u>		
HRM 32	TOTAL QUALITY MANAGEMENT	3.0	3
HIST 1	PHILIPPINE HISTORY	2.2	3
NAT SC 1M	ENVIRONMENTAL SCIENCE	3.0	3
LIT 11	LITERATURE OF THE WORLD	3.0	3

(TRANSCRIPT CLOSED. ANY ENTRY BELOW THIS LINE IS NULL AND VOID)

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 06/13/2022

PREPARED BY:

CHECKED BY:

CLEO MARTIN A. NAVALUNA

ESMERALDA O. DELA CALZADA

MARYLOU C. MONCAYES, MBA  
Asst. Registrar  
**EDGAR J. ESGUERRA**  
REGISTRAR

NOT VALID WITHOUT SEAL  
OR NO. 22392274-06/13/2022  
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