



BIR Form No.
2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN - - -

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	10,426.79
35 De Minimis Benefits	6,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,795.50
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	21,222.29

Part II - Employer Information (Present)

12 TIN - - -

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	48,325.99
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A <input type="text" value=""/>	0.00
44B <input type="text" value=""/>	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	8,046.87
51 Others (specify)	
51A <input type="text" value=""/>	0.00
51B <input type="text" value=""/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	56,372.86

Part III - Employer Information (Previous)

16 TIN - - -

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	77,595.15
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	21,222.29
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	56,372.86
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	56,372.86
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 Gladys Reyes Present Employer/Authorized Agent Signature over Printed Name Date Signed

CONFORME: CAMERON, RHYLES CAMERO

54 CAMERON, RHYLES CAMERO Employee Signature over Printed Name Date Signed

CTC/Valid ID No. of Employee Place of Issue Date Issued Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55 Gladys Reyes Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 CAMERON, RHYLES CAMERO Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



AMAZON OPERATION SERVICES PHILIPPINES, INC.

Philam Life Center Cebu, Cardinal Rosales corner Samar Loop, Cebu Business Park, Barangay Luz, Cebu City, 6000

August 31, 2023

Employment Certification Letter for Rhyles Camero Cameron

To whom it may concern:

This digital letter serves to certify that Rhyles Camero Cameron, was a full-time seasonal employee of Amazon Operation Services Philippines, Inc. from May 29, 2023 to August 28, 2023. His last held designation was CS Associate and was based in our Philippines office. His annual base salary was PHP 255,600.

All applicable clearances have been completed.

If you require further clarification, please feel free to email email-hr-apac@amazon.com or call +63 32 402 8200.

For Amazon Operation Services Philippines, Inc.,

Jan Pedrosa
Sr. HR Business Partner

This document should be treated with high confidentiality. For further verification of information stated in this letter, you may contact phl-erc@amazon.com.

THIS IS AN AUTOMATED CERTIFICATE. NO WET SIGNATURE REQUIRED.

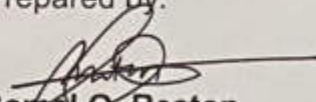
CERTIFICATE OF EMPLOYMENT

This is to certify that **Rhyles Camero Cameron** had been employed at **ePERFORMAX Contact Centers (Cebu) Corp.** from **April 16, 2017** to **November 1, 2017** as **Community Support Agent**.

This is to further certify that **Rhyles Camero Cameron** has been **cleared** from all his accountabilities from the Company.


This certification is issued this **14th** of **December 2018** upon the request of **Rhyles Camero Cameron** for future employment purposes. For inquiries, please contact the undersigned.

Prepared by:


Romel O. Reston
Process and Policy Compliance Specialist
Email Address: e3ppccebu@eperformax.com

Not valid without a seal

Noted by:


KIM CARLO L. TAN
PPC - Supervisor
f **Mary Anne Petit T. Ocapan**
Process and Policy Compliance Manager
Email Address: e3ppccebu@eperformax.com

*Note: For verification purposes you may send a message to employeecheck@eperformax.com.
Kindly support your verification with attached Letter of Authorization AND scanned copy of this document.*



OFFICE ADDRESS: 1659 SAN MIGUEL APAS, CEBU CITY PHILIPPINES
TELEFAX: (032)564-2163 MOBILE NO: +639178555837
Email: m.arkconstructinc@yahoo.com | mark_mhans@yahoo.com


CERTIFICATION

To whom it may concern:

This is to certify that Mr. RHYLES C. CAMERON is employee at M.Ark Construct Inc. as Welder from March 2019 to August 2022.

This Certification Is being issued upon the request of Mr. RHYLES C. CAMERON for whatever legal purpose it may serve.

Issued this 27th of September, 2022 at Cebu City Philippines.


Ar. Mark M. Matuguinas, U.A.P
President



S/F Insular Life Cebu Business
Center Mindanao Ave Cor. Talisan Road
Cebu Business Park, Cebu City
Tel. No. 230-2900
www.teleperformance.com

September 16, 2015

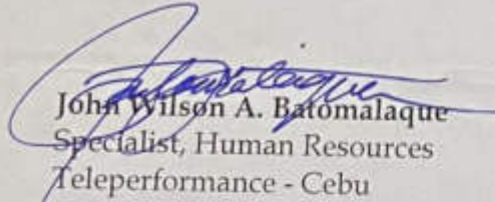
CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:


This is to certify that Mr. Cameron, Rhyles C. was an employee of Teleperformance Philippines from March 25, 2014 to January 31, 2015. He held the position as Customer Service Representative.

This certifies further that Mr. Cameron is cleared of all his accountabilities, proprietary and monetary, in connection with his employment from the Company.

This Certification is being issued upon the request of Mr. Cameron for Employment Purposes.


John Wilson A. Batomalaque
Specialist, Human Resources
Teleperformance - Cebu

Transforming Passion
Into Excellence



CERTIFICATE OF MARRIAGE

Province	CEBU			Registry No.	2024 0615				
City/Municipality	CEBU CITY								
1. Name of Contracting Parties	HUSBAND			WIFE					
	(First)	RHYLES		(First)	MIA JANINE				
	(Middle)	CAMERO		(Middle)	GETUTUA				
2a. Date of Birth	(Day)	20	(Month)	October	(Year)	1990	(Age)	33	
	2b. Age	(Days)	04	(Month)	January	(Year)	1993	(Age)	31
		(City/Municipality)	Cebu City,	(Province)	Cebu,	(Country)	Philippines		
3. Place of Birth	(City/Municipality)	Cebu City,	(Province)	Cebu,	(Country)	Philippines			
4a. Sex	Male	(Citizenship)	Filipino	Female	(Citizenship)	Filipino			
4b. Citizenship									
5. Residence	Brgy. Tisa, Cebu City, Cebu			Brgy. Tisa, Cebu City, Cebu					
6. Religion/ Religious Sect	Roman Catholic			Roman Catholic					
7. Civil Status	Single			Single					
8. Name of Father	(First)	Robert	(Middle)	Manzanares	(Last)	Cameron	(First)	Arnulfo	
9. Citizenship	Filipino			Filipino					
10. Maiden Name of Mother	(First)	Nelon	(Middle)	Aplicador	(Last)	Camero	(First)	Dinah	
11. Citizenship	Filipino			Filipino					
12. Name of Person/ Witness Who Gave Consent or Advice	(First)		(Middle)		(Last)		(First)		
13. Relationship									
14. Residence									

15. Place of Marriage: REGIONAL TRIAL COURT BRANCH 57, CEBU CITY (City/Municipality) CEBU (Province)
 16. Date of Marriage: 14 February 2024 (Day) (Month) (Year) 17. Time of Marriage: 2:30 PM am/pm

18. CERTIFICATION OF THE CONTRACTING PARTIES: THIS IS TO CERTIFY THAT I, Rhyles C. Cameron and I, Mia Janine G. Victorio both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we: have entered, a copy of which is hereto attached / have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed (marked with our fingerprint) this certificate in quadruplicate this 14th day of February 2024.

RHYLES C. CAMERON (Signature of Husband) MIA JANINE G. VICTORIO (Signature of Wife)

19. CERTIFICATION OF THE SOLEMNIZING OFFICER: THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT:

a. Marriage License No. 4024249 issued on December 11, 2023 at Cebu City, Cebu in favor of said parties, was exhibited to me.

b. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209.

c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.

ANNA LOU ENVER MANDEZ-CAVADA Presiding Judge - RTC BR. 57 (Signature Over Printed Name of Solemnizing Officer) (Position/Designation) (Religion/Religious Sect: Registry No. and Expiration Date, if applicable)

20a. WITNESSES (Print Name and Sign):
JEFFREY QUILLOSA LISA QUILLOSA TERESA LAUSA RODRIGO ORTIZ

21. RECEIVED BY: Signature: <u>ROSIEENISA G. AGOT</u> Name in Print: <u>ASST. REGISTRATION OFFICER</u> Title or Position: Date: <u>FEB 15 2024</u>	22. REGISTERED BY THE CIVIL REGISTRAR: Signature: <u>ATTY. EVANGELINE T. ABATAYO</u> Name in Print: <u>ATTY. EVANGELINE T. ABATAYO</u> Title or Position: <u>CIVIL REGISTRAR</u> Date: <u>FEB 15 2024</u>
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REMARKS/ANNOTATIONS (For LCRO/OCRG/Shar'a Circuit Registrar Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
 4bH 4bW 5H 5W 6H 6W 7H 7W

CONTROL NO.
40-2024

9453642
JAN 12 2024



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121114030472
REGISTRATION TRACKING NO.	914085157108

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	CAMERON	RHYLES	CAMERO <input type="checkbox"/>
FATHER	CAMERON	ROBERT	MANZANARES <input type="checkbox"/>
MOTHER (Maiden Name)	CAMERO	NELON	APLICADOR <input type="checkbox"/>
SPOUSE (if Married)	VICTORIO	MIA JANINE	GETUTUA <input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CAMERON	RHYLES	CAMERO <input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS	
10/20/1990		MARRIED	
PLACE OF BIRTH		CITIZENSHIP	
CEBU CITY, CEBU		FILIPINO	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		TAXPAYER IDENTIFICATION NUMBER (TIN)	
		0635084271	
		SSS NUMBER	
		GSIS NUMBER	
		EMPLOYEE NUMBER	
		09324118973	
		For AFP/PNP Employee, Serial/Badge No.	
		For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS			
PERMANENT HOME ADDRESS			COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor	Building Name		Home
Lot No., Block No., Phase No.	House No.	Street Name	+63 (032) 2620795
		PUROK SAMBAG 1 KATIPUNAN STREET	Cell Phone
Subdivision	Barangay		Business (Direct Line)
	TISA		+63 (0976) 3638426
Municipality/City	Province/State/Country		Business (Trunk Line)
CEBU CITY	CEBU, PHILIPPINES		Email Address
ZIP Code			rhylesc@gmail.com
6000			

PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
	PUROK SAMBAG 1 KATIPUNAN STRE		TISA
Municipality/City	Province/State/Country	ZIP Code	
CEBU CITY	CEBU, PHILIPPINES	6000	

PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS
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42041138

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO. C565JRIS09-R71650312	VALID UNTIL August 19, 2025
FAMILY NAME CAMERON	FIRST NAME RHYLES
MIDDLE NAME CAMERO	HUSBAND'S SURNAME
ADDRESS PUROK SAMBAG 1 KATIPUNAN ST. TISA CEBU CITY	
DATE OF BIRTH October 20, 1990	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS MARRIED
PURPOSE PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	



SIGNATURE



Date Printed: Monday, August 19, 2024 01:25 PM

Agency	RT	DATID	villarinn
CASID	villarinn	BIOID	villarinn
O.R. No.	MP7JJJPBMR	RECID	
O.R. Date	08/19/2024 1:24:16 PM	INTID	
DST PAID		PRCID	villarinn



JUDGE JAIME B. SANTIAGO (RET.)
 Director

42041138

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO. C565JRIS09-R71650312	VALID UNTIL August 19, 2025
FAMILY NAME CAMERON	FIRST NAME RHYLES
MIDDLE NAME CAMERO	HUSBAND'S SURNAME
ADDRESS PUROK SAMBAG 1 KATIPUNAN ST. TISA CEBU CITY	
DATE OF BIRTH October 20, 1990	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS MARRIED
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	



SIGNATURE



Date Printed: Monday, August 19, 2024 01:25 PM

Agency	R7	DATID	villarinn
CASID	villarinn	BIOID	villarinn
O.R. No.	MP7JJJPBMR	RECID	
O.R. Date	08/19/2024 1:24:16 PM	INTID	
DST PAID		PRCID	villarinn



JUDGE JAIME B. SANTIAGO (RET.)
 Director

PERSONAL COPY



PhilHealth

Your Partner in Health



12-051313166-1

PhilHealth Number

CAMERON, RHYLES CAMERO

Name

Signature


 Municipal Form No. 102
 (Revised January 1993)

(To be accomplished in quadruplicate)

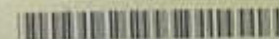
(Copy for OCRG)

REPUBLIC OF THE PHILIPPINES OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH		REMARKS/ANNOTATION	
Province <u>CEBU CITY</u> City/Municipality _____ Registry No. <u>2010031062</u>			
1. NAME (First) (Middle) (Last) <u>PRINCESS NOHELYN VICTORIO CAMERON</u>		For OCRG USE ONLY: Population Reference No. _____	
2. SEX <u>X</u> Male <u> </u> Female <u> </u> 3. DATE OF BIRTH (Day) (Month) (Year) <u>23</u> <u>October</u> <u>2010</u>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay <u>VICENTE SOTTO MEMORIAL MEDICAL CENTER - B, RODRIGUEZ ST., CEBU CITY, CEBU</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 _____
	5a. TYPE OF BIRTH <u>X</u> Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc. <u> </u> b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify _____		48 _____
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u> d. WEIGHT AT BIRTH <u>2,850</u> grams		49 <u>50</u> _____
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MIA JANINE GETUTUA VICTORIO</u>		56 _____
	7. CITIZENSHIP <u>FILIPINO</u> 8. RELIGION <u>ROMAN CATHOLIC</u>		58 _____
	9a. Total number of children born alive: <u>1</u> b. No. of children still living including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u>		61 _____
FATHER	10. OCCUPATION <u>NONE</u> 11. Age at the time of this birth: <u>17</u> years		62 <u>64</u> _____
	12. RESIDENCE (No use No. Street, Barangay) (City/Municipality) (Province) <u>PUROK SAKBAG 1, HSA, CEBU CITY, CEBU</u>		68 <u>69</u> _____
	13. NAME (First) (Middle) (Last) <u>RHYLES CAMERON CAMERON</u>		70 <u>72</u> <u>74</u> _____
14. CITIZENSHIP <u>FILIPINO</u> 15. RELIGION <u>ROMAN CATHOLIC</u>		76 <u>78</u> _____	
16. OCCUPATION <u>NONE</u> 17. Age at the time of this birth: <u>20</u> years		86 <u>87</u> _____	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT MARRIED</u>			88 _____
19a. ATTENDANT <u>X</u> Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u> </u> <u> </u> 4 Heirot (Traditional Midwife) <u> </u> 5 Others (Specify) _____		89 _____	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:35 AM</u> o'clock <u>am/pm</u> on the date stated above.		93 _____	
Signature _____ Address <u>VSMC, CEBU CITY</u> Name in Print <u>MYDA NORREEN TUMUCAK, M.D.</u> Title or Position <u>MEDICAL OFFICER III</u> Date <u>10/23/2010</u>		94 _____	
20. INFORMANT Signature _____ Address <u>CEBU CITY, CEBU</u> Name in Print <u>MIA JANINE G. VICTORIO</u> Relationship to the child <u>MOTHER</u> Date <u>10/23/2010</u>			
21. PREPARED BY Signature _____ Name in Print <u>ALDRA V. MONTEJO</u> Title or Position <u>CLERK</u> Date <u>10/23/2010</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>OSCAR B. MOLO</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>NOV 03 2010</u>	

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Stamp Tax Paid

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


Form No. 102
(1988)
 REPUBLIC OF THE PHILIPPINES
 CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

LOCAL CIVIL REGISTRY NO. 90-1721

PROVINCE Cebu
 CITY / MUNICIPALITY Cebu City

NAME (First) RHYLES (Middle) CAMERO (Last) CAMERON

SEX (Place 'X' on appropriate answer)
 1 Male 2 Female

DATE OF BIRTH (Day) 20 (Month) October (Year) 1990

PLACE OF BIRTH (Name of hospital/institution, if not in hospital, give street/barangay) (City/Municipality) (Province)
Camp Lapulapu Station Hospital, VISCOM AFP Cp Lapulapu, Cebu City

TYPE OF BIRTH (Place 'X' on appropriate answer) 1b. IF MULTIPLE BIRTH, CHILD WAS
 1 Single 2 Twin 3 Three or more 1 First 2 Second 3 Third, 4th, etc.

MAIDEN NAME (First) (Middle) (Last) 7. NATIONALITY 8. RELIGION
NEILON APLICATOR CAMERO PIL R.C.

NAME (First) (Middle) (Last) 10. NATIONALITY 11. RELIGION
ROBERT MANZANARES CAMERON PIL R.C.

DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the local Registrar's Office)
20 October 1988 Negros Occidental

TIME OF ATTENDANT AT BIRTH (Important: if not applicable, fill Affidavit of Acknowledgment at the local Registrar's Office)
5:15 PM

Signature of Attendant DRA LOURDES B BELLEZA Address Camp Lapulapu Station Hospital, VISCOM AFP Cp Lapulapu, Cebu City
 Title or position Medical Officer on Duty Date 08 January 1991

Signature of Informant ROBERT H CAMERON Address Bldg Nr 39 Camp Lapulapu, Lahug Cebu City
 Name in print Father Date 08 January 1991
 Relationship to child

PREPARED BY Signature Sgt Romeo L Gallede (MS) PA Signature [Signature]
 Name in print Clerk A&D Section Name in print [Name]
 Title or position 08 January 1991 Title or position [Title]
 Date [Date] Date [Date]

13. INFORMATION GIVEN IN SUPPLEMENTAL REPORT 14. DATE WHEN INFORMATION WAS SUPPLIED
[Blank] 2880

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Cebu Local Civil Registry 9091721 Registrar's Status 11
 CITY / MUNICIPALITY Cebu City B 15

17. Weight of Birth (in grams) 6 lbs 27 221 18. Birth Order of Child Ex. first, second, etc. 1st

19a. Total Number of Children Born Alive 0 22 How many children are now living including this birth? 1 24 How many children were born alive and are now dead? 0

20. Usual Occupation Housewife 21. Age at the time of this Birth 22

22. Usual Residence Bldg # 39 Camp Lapulapu, Lahug Cebu City (City/Municipality) (Province) 22 178

23. Usual Occupation Employee 24. Age at the time of this Birth 24

25. Attendant of Birth (Place 'X' on appropriate answer)
 1 Physician 2 Nurse 3 Midwife 4 Midot 5 Others

Sex 44 45 Date of Birth 20/10/90 Place of Birth 22/178 Mother's Nationality 56 57 Father's Nationality 56 57

NAME OF CHILD
 First RHYLES M.I. [Blank] Last CAMERON

RESERVE FOR BINDING

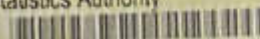
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WR300529312


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


Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2018 19516	
City/Municipality CEBU CITY			
1. NAME (First) (Middle) (Last) COUNT GABRIEL VICTORIO CAMERON			
2. SEX (Male / Female) MALE		3. DATE OF BIRTH (Day) (Month) (Year) 8 JULY 2018	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU			
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) N/A	
5c. BIRTH ORDER (First, Second, Third, etc.) 2ND		5d. WEIGHT AT BIRTH (grams) 3,090	
7. MAIDEN NAME (First) (Middle) (Last) MIA JANINE GETUTUA VICTORIO			
8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
10a. Total number of children born alive		10b. No. of children still living including this birth	
10c. No. of children born alive but are now dead		11. OCCUPATION ESL TEACHER	
12. AGE at the time of the birth (completed years) 25			
13. RESIDENCE (House No., St., Barangay) 0		(City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES	
14. NAME (First) (Middle) (Last) RHYLES CAMERO CAMERON			
15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
17. OCCUPATION LABORER		18. AGE at the time of the birth (completed years) 27	
19. RESIDENCE (House No., St., Barangay) 0		(City/Municipality) CEBU CITY (Province) CEBU (Country) PHILIPPINES	
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/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 Healer (Traditional Birth Attendant) _____ 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Healer, etc.) I hereby certify that I attended the birth of the child who was born alive at 2:24 AM on the date of birth specified above.			
Signature _____		Address VSMMC, CEBU CITY	
Name in Print MARY BETH NICHELLE DE LOS SANTOS, MD		Date JULY 8, 2018	
Title or Position MEDICAL SPECIALIST III			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.		23. PREPARED BY	
Signature _____		Signature _____	
Name in Print MIA JANINE G. VICTORIO		Name in Print JEHSEL C. BARDINAS	
Relationship to the Child MOTHER		Title or Position CLERK	
Address CEBU CITY, CEBU		Date JULY 8, 2018	
Date JULY 8, 2018			
24. RECEIVED BY		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature _____		Signature _____	
Name in Print LUZ N. CUGAY		Name in Print PHILIPP A. MEGABON	
Title or Position ADMINISTRATIVE AIDE III		Title or Position REGISTRATION OFFICER IV	
Date JUL 3 1 2018		Date JUL 3 1 2018	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
8 9 11 13 15 16 17 19			

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BEST POSSIBLE IMAGE



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





CAMERON, RHYLES CAMERO

SS Number: 06-3508427-1

 Your password will expire on Feb 14, 2025 | Your last login was on Aug 17, 2024 9:10:21 PM thru the SSS Website

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Republic of the Philippines
TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

NATIONAL CERTIFICATE II

in

SHIELDED METAL ARC WELDING (SMAW)

is awarded to

RHYLES C. CAMERON

for having completed the competency requirements under the Philippine TVET Competency Assessment and Certification System in the following units of competency:

BASIC COMPETENCIES

- 500311105 Participate in Workplace Communication
- 500311106 Work in a Team Environment
- 500311107 Practice Career Professionalism
- 500311108 Practice Occupational Health and Safety Procedures

COMMON COMPETENCIES

- MEE722201 Apply Safety Practices
- MEE721202 Interpret Drawings and Sketches
- MEE721203 Perform Industry Calculations
- MEE721204 Contribute to Quality System
- MEE721205 Use Hand Tools
- MEE721206 Prepare Weld Materials
- MEE721207 Setup Welding Equipment
- MEE721208 Fit up Weld Materials
- MEE721209 Repair Welds

CORE COMPETENCIES

- MEE721306 Weld Carbon Steel Plates and Pipes Using SMAW

Signature of the certificate holder
Certificate No. **22072202050749**

Issued on : **December 15, 2022**
Valid until: **December 14, 2027**

CRC-90-380-07022-001



CLN-NQ- 6721946


DANILO P. CRUZ
Director General



OFFICIAL TRANSCRIPT OF RECORDS

PERSONAL DATA

Student Name : CAMERON, RHYLES C.
Id Number : 11-2016388
Birthdate : 10/20/1990
Gender : MALE
Religion : ROMAN CATHOLIC
Citizenship : FILIPINO
Parent/Spouse : CAMERON, ROBERT
Address : KATIPUNAN ST. TISA, CEBU CITY, CEBU



PRELIMINARY EDUCATION

Elementary : SOLONGGON ELEMENTARY SCHOOL Year : 2002 - 2003
High School : TISA NIGHT HIGH SCHOOL Year : 2009 - 2010

GRADING SYSTEM

1.0 - 1.5	Excellent
1.6 - 2.0	Very Good
2.1 - 2.5	Good
2.6 - 3.0	Passed
4.0	Conditional
5.0	Failed
NG	No Grade
NC	No Credit
W	Withdrawn
DR	Dropped

One collegiate unit of credit is one hour lecture or recitation each week or total of 18 hours in a semester. Three hours of laboratory work, drafting, or a shop work each week or a total of 54 hours a semester are regarded as equivalent also to one unit of credit.

The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product divided by the total units earned for the semester.

Remarks : EMPLOYMENT PURPOSES

Date Issued : February 02, 2022

SISINIO A. ANGUS, MBA
Registrar

not valid without
ACT seal

(20160823)