



REPUBLIC OF THE PHILIPPINES  
**BARANGAY GUADALUPE**

City of Cebu

Tel. Nos. 254-7296/266-8854

E-mail: [barangayguadalupe012@yahoo.com](mailto:barangayguadalupe012@yahoo.com)

**MICHAEL M. GACASAN**

Barangay Captain

**CONSUELO G. GO**

Barangay Secretary

**ANNALIZA G. SALABER**

Barangay Treasurer

**JAN JAY C. CASAÑAL**

SK Chairman

Ch-Youth & Sports Development

**BARANGAY COUNCILORS**

**APOL ROSS G. ENRIQUEZ**

Ch-Comm. on Health,

Ch-Comm. on Social Services

**NOEL B. NAVAJA**

Ch-Comm. on Maintenance &

General Services

**EDGAR S. CAÑETE JR.**

Ch-Comm. on Public Works (Infra)

Ch-Comm. on Labor Employment

**OLIVER C. GALLARDO**

Ch-Comm. on Educational and

Cultural Services

**RUBEN T. BACULI**

Ch-Comm. on Laws & Good Gov't.

Ch-Comm. on Appropriations

**VENTURA P. MONTECILLO JR.**

Ch-Comm. on Peace & Order &

Public Safety

Ch-Comm. on Traffic Management

Ch-Comm. on Urban

Development

**ROBERT C. GABUTAN**

Ch-Comm. on Public Services

Ch-Comm. on Solid Waste

Management

## **BARANGAY CLEARANCE**

### ***TO WHOM IT MAY CONCERN:***

THIS IS TO CERTIFY that POHLA ANNIKH SOLON JUMAO-AS of legal age is a resident of this Barangay with postal address at 4 MORGAN ST., HORSESHOE HILLS BANAWA, Guadalupe, Cebu City since BIRTH up to the present.

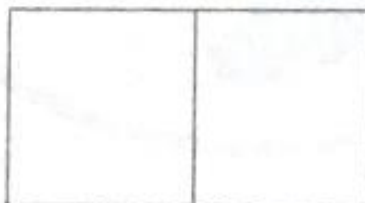
This Certification is issued upon the request of POHLA ANNIKH SOLON JUMAO-AS in connection with their application for ESTABLISHMENT OF RESIDENCY.

*Any Erasure &/or Alteration should be properly countersigned by the issuing officer, otherwise it renders this document NULL and VOID.*

Done this 30th day January, 2020 at Barangay Guadalupe Cebu City, Philippines.

Telephone No : \_\_\_\_\_

Cellphone No : 09568248628



LEFT

RIGHT

Note: Please make a sketch of resident at the back of this form.

**MICHAEL M. GACASAN**

Barangay Captain

Barangay Guadalupe

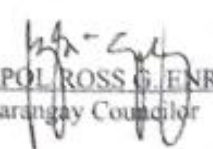
Cebu City

By Authority of the Barangay Captain:

Amount: F O C

O. R. : \_\_\_\_\_

SEAL

  
**APOL ROSS G. ENRIQUEZ**  
Barangay Councilor



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 Registry No. 2001 12622  
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)  
POHLA ANNIKHA SOLOH JUMAO-AS

2. SEX 1 Male X Female 3. DATE OF BIRTH (day) (month) (year)  
18 MAY 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU

5a. TYPE OF BIRTH X 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) (first, second, third, etc.) FOURTH d. WEIGHT AT BIRTH  
3250 grams

6. MAIDEN NAME (First) (Middle) (Last)  
ANNABELE LASTIMA SOLOH

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 INTERPRENUER 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
879 CARLOS VILLE SUBD. CATARMAN, LILO-AN, CEBU

13. NAME (First) (Middle) (Last)  
ROGELIO JR. TAMPUS JUMAO-AS

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION PRINCIPAL ENG'R. 17. Age at the time of this birth: 36 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
MAY 25, 1994 - CEBU CITY

19a. ATTENDANT  
X 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 5:28 am o'clock  
am/pm on the date stated above.

Signature [Signature] Address CEBU DOCTORS HOSPITAL  
Name in Print MILAGROSA TOLENTINO, M.D. City CEBU CITY  
Title or Position ATTENDING PHYSICIAN Date MAY 19, 2001

20. INFORMANT  
Signature [Signature] Address 879 CARLOS VILLE SUBD.  
Name in Print ANNABELE B. JUMAO-AS City CATARMAN, LILO-AN, CEBU  
Relationship to the child MOTHER Date MAY 19, 2001

21. PREPARED BY  
Signature [Signature]  
Name in Print MELISA A. LIBOSADA  
Title or Position MEDICAL RECORD CLERK  
Date MAY 19, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print LILIAN E. DELA CUESTA  
Title or Position CLERK 1  
Date MAY 24, 2001

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



BReN  
02217-B01KJ0P-0

Documentary

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