

PROVINCE		CITY/MUNICIPALITY		LOCAL GOV'L REGISTRATION NO.	
MANILA		MANILA		944630	
CERTIFICATE OF THE PHILIPPINES					
REPUBLIC OF THE PHILIPPINES					
CERTIFICATE OF BIRTH					
(Fill out completely, accurately and legibly in ink or typewriter)					
(This is a non-combined form in triplicate)					
NAME (First) (Middle) (Last)		NAME (First) (Middle) (Last)		NAME (First) (Middle) (Last)	
EUGENE SERGIO		CASTRO		EUGENE SERGIO	
1. NAME		2. SEX (Please X on appropriate answer)		3. DATE OF BIRTH (Year)	
		<input checked="" type="checkbox"/> Male		1987	
				1987	
				1987	
4. PLACE OF BIRTH (Name of hospital/institution if not in BIRTH hospital, give street/barangay) (City/Municipality) (Province)					
Medical Center Manila					
5. ADDRESS (Maiden Name)					
Irene Santos					
6. MAIDEN (First) (Middle) (Last)					
Irene Santos					
7. NATIONALITY					
Philippine					
8. NATURALITY					
Philippine					
9. NAME (First) (Middle) (Last)					
Irene Santos					
10. NATIONALITY					
Philippine					
11. RELATIONSHIP TO CHILD					
Mother					
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Impersonal if not applicable, fill address of residence of parents)					
July 12, 1986 Manila					
13. CERTIFICATE OF ATTENDANT AT BIRTH					
Jose Reñacion M.D.					
Signature					
14. INFORMATION					
Signature					
15. RECEIVED AT THE OFFICE OF THE LOCAL GOV'L REGISTRAR					
Signature					
16. PREPARED BY					
Signature					
17. WEIGHT AT BIRTH (In grams) 3084					
18. BIRTH DATE (In Year) 1987					
19. AGE IN MONTHS 9					
20. GENDER F					
21. AGED IN YEARS 1					
22. HOUSE NUMBER 2364 ZAFTEA ST. SAN ANDRES BUKILO MM					
23. USUAL OCCUPATION Businesman					
24. AGE IN MONTHS 3					
25. ALIENAGE OF BIRTH					
26. PLACE OF BIRTH (Name of hospital/institution if not in BIRTH hospital, give street/barangay) (City/Municipality) (Province)					
Medical Center Manila					
27. DATE OF BIRTH (Year)					
1987					
28. AGE IN YEARS 9					
29. AGE IN MONTHS 108					
30. USEFUL DOCUMENTATION					
31. CHILDREN BORN 1					
32. HOW MANY CHILDREN ARE THERE 1					
33. CHILDBEARING 1					
34. AGE IN YEARS 22					
35. AGE IN MONTHS 264					
36. GENDER F					
37. AGE IN MONTHS 9					
38. AGE IN YEARS 1					
39. AGE IN MONTHS 12					
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403. CHILDBEARING 1					
404. AGE IN YEARS 22					
405. AGE IN MONTHS 264					
406. GENDER F					
407.					

<p style="text-align: right;">(Signature of Administering Officer)</p> <p style="text-align: right;">(Signature of Father)</p> <p style="text-align: right;">(Signature of Mother)</p> <p style="text-align: right;">(Name in Print)</p>	
<p>ATTY. EVELYN LUMANTAO SUBSCRIBER AND SWORN to before me this <u>9</u> day of <u>February</u> 19<u>88</u></p>	
<p>Community Tax No. <u>274235409</u> Date Issued <u>Feb. 09, 2010</u> Place Issued <u>C. C. CITY HALL</u></p>	
<p>(Signature of Father) <i>Evelyn Lumantao</i></p>	
<p>W/E, <u>BUNEVE GARCIA</u>, DE LOS SANTOS and <u>MARY ANN C. GALVACORE</u> parents/partner of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.</p>	
<p>For birth before 3 August 1988/on or after 3 August 1988</p>	
<p>AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY</p>	
<p>Not applicable for births before 27 February 1931</p>	
<p>1. <u>MARY ANN C. GALVACORE</u> and with residence and postal address at <u>286 D. TUazon St., Bgy. 1, of legal age, single/married</u> after having been duly sworn to in accordance with law, do hereby depose and say:</p>	
<p>1. That I am the applicant for the delayed registration of my birth/of the birth of</p>	
<p>2. That I/he/she was born on <u>Dec. 31, 2009</u> at <u>DE LOS SANTOS</u></p>	
<p>3. That I/he/she was attended at birth by <u>DR. ARMANDO GUSTUDIO</u> who resides at <u>Ciudad Delizas 8, DE LOS SANTOS</u></p>	
<p>4. That I/he/she is a citizen of <u>Philippines</u></p>	
<p>5. That my/his/her parents were <input type="checkbox"/> married on <u>at</u></p>	
<p>6. That the reason for the delay in registering my/his/her birth was due to <u>name is unknown to be his/her father who</u> <input checked="" type="checkbox"/></p>	
<p>7. That a copy of my/his/her birth certificate is needed for the purpose of <u>for the application for passport</u> <input type="checkbox"/></p>	
<p>8. <input type="checkbox"/> (For the applicant only) That I am married to <u>of the said person</u> <input type="checkbox"/></p>	
<p>9. <input type="checkbox"/> (For the father/mother/guardian) That I am married to <u>of the said person</u> <input type="checkbox"/></p>	
<p>Community Tax No. <u>274235405</u> (Signature of Father)</p>	
<p>Date Issued <u>Feb. 09, 2010</u> Place Issued <u>C. C. CITY HALL</u></p>	
<p>(Signature of Administering Officer)</p>	
<p>ATTY. EVELYN LUMANTAO SUBSCRIBER AND SWORN to before me this <u>9</u> day of <u>February</u> 19<u>88</u></p>	
<p>Community Tax No. <u>274235405</u> Date Issued <u>Feb. 09, 2010</u> Place Issued <u>C. C. CITY HALL</u></p>	
<p>(Signature of Father) <i>Evelyn Lumantao</i></p>	
<p>W/E, <u>BUNEVE GARCIA</u>, DE LOS SANTOS and <u>MARY ANN C. GALVACORE</u> parents/partner of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.</p>	
<p>For birth before 3 August 1988/on or after 3 August 1988</p>	
<p>AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH</p>	
<p>Not applicable for births before 27 February 1931</p>	
<p>1. <u>MARY ANN C. GALVACORE</u> and with residence and postal address at <u>286 D. TUazon St., Bgy. 1, of legal age, single/married</u> after having been duly sworn to in accordance with law, do hereby depose and say:</p>	
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<p>Community Tax No. <u>274235405</u> (Signature of Father)</p>	
<p>Date Issued <u>Feb. 09, 2010</u> Place Issued <u>C. C. CITY HALL</u></p>	
<p>(Signature of Administering Officer)</p>	
<p>ATTY. EVELYN LUMANTAO SUBSCRIBER AND SWORN to before me this <u>9</u> day of <u>February</u> 19<u>88</u></p>	

for OCG

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President and CEO  
DR. REY B. AGUINO

1. The number on this card is your permanent PhilHealth Number.
2. Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
3. In case of loss of this card, please notify PhilHealth and apply for a replacement. Do not apply for a new number.

## IMPORTANT



PERMANENT HOME ADDRESS		Phase No.	Block No.	Lot No.	Unit/Floor/Room No.	Building	Unit/Floor/Room No.																																																																																																																																																																																																																																																																																
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<p>1. The Member's Data Form (MDF) shall be accomplished in two(2) copies.</p> <p>2. Type or print all entries in BLOCK OR CAPITAL LETTERS.</p> <p>3. The NAME EXTENSION, shall refer to Jr., II and the like.</p> <p>4. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.</p> <p>5. Accomplish only the PRESENT HOME ADDRESS, if it is different with the PRESENT HOME ADDRESS.</p> <p>6. Submit MDF in two (2) copies and present at least one (1) valid primary ID.</p> <p>7. Submit MDF in two (2) copies and submit to the concerned HDM Branch.</p> <p>8. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) and submit to the concerned HDM Branch.</p> <p>9. Any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) and submit to the concerned HDM Branch.</p> <p>10. Submit MDF in two (2) copies and submit to the concerned HDM Branch.</p>																																																																																																																																																																																																																																																																																							

#### INSTRUCTIONS

FOR HDMF USE ONLY	Page-BIG MID No. 121097405428	Registration Tracking No. 913218692778
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**FORM (MDF)**



**DISCLAIMER:** Membership registration with the Fund does not automatically qualify a PAG-LIBG member to avail of the Fund's various loan programs. A PAG-LIBG member must satisfy the eligibility requirements and comply with the documentation requirements, which is subject to verification and approval.

SIGNATURE OF MEMBER

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

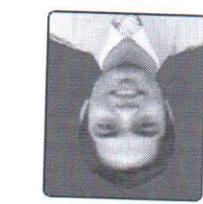
Please read reminders on page 2 of this form.

Cut along the dotted line.

Intermediate Edition (T2000)

SS NUMBER <b>E-1</b>		SURNAME (APELIDO) GIVEN NAME (PANGALAN) MIDDLE NAME (GITNANG PANGALAN)	ADDRESS NO. & STREET : CITY/TOWN & PROVINCE 2304 ZAPERO ST., SAN ANDRES BUKID, ALCR PHILIPPINES POSTAL CODE 01017	SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> DATE OF BIRTH MAY 10 1976 (KAPANGGANAKAN) CIVIL STATUS SINGLED (KATAYUNANG SIBIL)	BENEFICIARIES (MAKIKINABANG) FATHER (AMA) SISTER (INA) DATE OF BIRTH MAY 10 1976 (KAPANGGANAKAN) CHILDERN MOTHER Irene CASTRO OTHER BENEFICIARIES (IF WITHOUT SPOUSE CHILD OR PARENT) (BANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK, O MAGULANG) NAME (PANGALAN) RELATIONSHIP (RELASYON) 1. GIAN DIEGO DE SANTO 123109 2. 3. 4. 5. THUMB PRINT RIGHT (KANAN) LEFT (KAHAWA) Signature (Lagda) I hereby certify that the above information are true and correct. (Ako ay nagpapahayag na ang aking mga isinaiad ay totoo at tama.)
Please use Black ink Only (Gumamit ng lhm na Titik Lamang) SOCIAL SECURITY SYSTEM PERSONAL RECORD					

Eugene Sergio C. De Los Santos



ROHM LSI DESIGN Philippines, Inc.



R&D Division  
Emp. No. 1385

Ninia A. Mangat

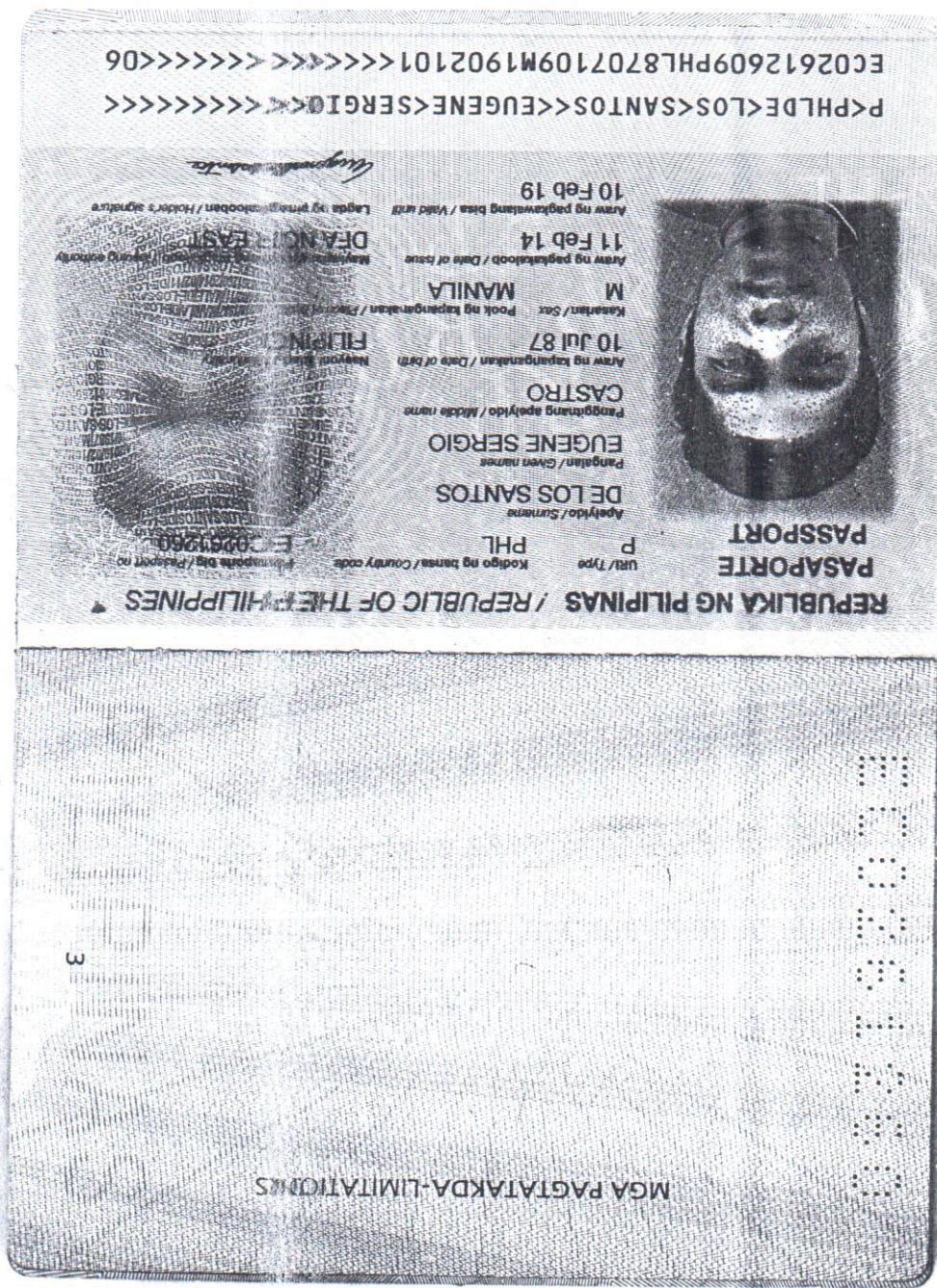
Personnel & GA Head

*Mangat*

If found, please return to:  
ROHM LSI DESIGN PHILIPPINES, INC.  
10F Anson's Centre  
Pasig City 18005 Philippines  
Tel No. (632) 708-3117  
Fax No. (632) 708-3113

1. Wear and display this ID at all times when within company premises.
2. Report lost or damaged ID to the Admin. Dept.
3. This ID is company property and should be surrendered upon resignation/termination.
4. Replacement cost of ID shall be charged to the employee's account.

SSS 34-2341421-2 TIN 240-868-209



Date Printed: Tuesday, May 24, 2016 10:49 AM		ATTY. VIRGILIO L. MENDEZ		DS PAID	
Agency: RM		CASSID Dela Rosa		O.R. No. EGVRDX0	
CASSID Dela Rosa		O.R. Date 04/22/2016 10:46:03 A		INTID REC'D Uncleo	
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<p>PURPOSE LOCAL EMPLOYMENT</p> <p>REMARKS NO DEROGATORY RECORD</p>					
<p>CITIZENSHIP PHILIPPINO</p> <p>ADDRESS 2304 ZAPPIRO STREET SAN ANDRES BUKID MANILA</p> <p>DATE OF BIRTH July 10, 1987</p> <p>PLACe OF BIRTH MANILA</p> <p>MIDDLE NAME DE LOS SANTOS</p> <p>FAMILY NAME CASTRO</p> <p>MIDDLE NAME HUSBAND'S SURNAME</p> <p>FIRST NAME EUGENE SERGIO</p> <p>VALID UNTIL April 22, 2017</p> <p>GENDER MALE</p> <p>CIVIL STATUS SINGLE</p>					
<p>NATIONAL BUREAU OF INVESTIGATION</p> <p>Department of Justice</p> <p>National Bureau of Investigation</p> <p>Republic of the Philippines</p> <p>DEPARTMENT OF JUSTICE NATIONAL BUREAU OF INVESTIGATION</p> <p>422GEJ078-RM191823</p> <p>This is to certify that the person whose name, picture and print appearing below requested for a CLEARANCE and the results are as follows:</p>					

TRN 6911709

at the scope indicated herein.

This certificate is not a license to engage in any kind of business and valid only

**Certificate No. 03656712**

Secretary

**GREGORY L. DOMINGO**



and issue the same on this 27th day of July 2015 in the Philippines.

**Business Name Registration  
Certificate of**

In testimony whereof, I hereby sign this

unless voluntarily cancelled.

compliance with the above-mentioned laws and all applicable laws of the Philippines,  
is valid from 27 July 2015 to 27 July 2020 subject to continuing

NATIONAL CAPITAL REGION (NCR)

2304 ZAPIRO ST., BARANGAY 805, SANTA ANA NCR, CITY OF MANILA, FIRST DISTRICT,

**EUGENE SERGIO CASTRO DELOS SANTOS**

This certificate issued to

prescribed by the Department of Trade and Industry.

Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations  
is a business name registered in this office pursuant to the provisions of Act 3883, as amended by

QUEZON CITY, NCR, SECOND DISTRICT, NATIONAL CAPITAL REGION (NCR)

(City/Municipality)

**ESCD INFORMATION TECHNOLOGY SOLUTIONS**

This certifies that



*Rosalina I. Brondial*  
ROSLINA I. BRONDIAL  
VP-HRD

This certification is being issued upon the request of Mr. De los Santos for employment reference purposes.

This is to certify that MR. EUGENE SERGIO C. DE LOS SANTOS had been a project-based consultant of Information Professionals, Inc. with contract of Services from July 06, 2015 up to April 08, 2016. He was assigned as a JAVA Developer at Smart Communications, Inc.

TO WHOM IT MAY CONCERN:

### CERTIFICATION

April 20, 2016

INFORMATION PROFESSIONALS, INC.  
7/F ARCADIA BLDG., 860 QUEZON AVENUE, BRGY. PALIGSahan, QUEZON CITY 1103  
TRUNK LINE: (632) 441-4436 FAX NO.: (632) 441-4500  
www.ipiphil.com



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[www.opennext.com](http://www.opennext.com) ■ [info@opennext.com](mailto:info@opennext.com)

ANA ISABEL R. MORELOS  
HR Services Manager

Very truly yours,

Thank you.

Applicable Month	Reccon. No.	Employee	Amount	Date Paid
January 2014	306169671	350.00	700.00	02/10/2014
February 2014	306169820	350.00	700.00	03/10/2014
March 2014	306861086	350.00	700.00	04/10/2014
April 2014	306170164	350.00	700.00	05/09/2014
May 2014	306170348	350.00	700.00	06/10/2014
June 2014	306170552	350.00	700.00	07/10/2014
July 2014	307085640	350.00	700.00	08/11/2014
August 2014	307085806	350.00	700.00	09/10/2014
September 2014	307085981	337.50	675.00	10/10/2014
October 2014	307086140	350.00	700.00	11/10/2014
November 2014	307086334	337.50	675.00	12/10/2014

This is to certify that OPEN TEXT (PHILIPPINES), INC. (formerly known as GXS PHILIPPINES, INC) with Philhealth Employee No. (PEN) 01-900002233-7 has remitted the following Philhealth contributions under the name of EUGENE SERGIO C. DE LOS SANTOS with Philhealth No. 010510673331.

To whom it may concern:

### CERTIFICATION

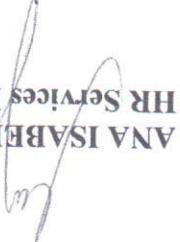
April 27, 2015

OPEN TEXT (PHILIPPINES), INC.  
36th Floor Tower 2 RCBC Plaza  
6819 Ayala Ave. cor Sen. Gil Puyat  
Ave. Makati City 1200 Philippines  
Tel.: +632-859-5300  
Fax: +632-859-5302

OPEN TEXT (PHILIPPINES) LTD.  
10th Floor, 100 Gloucester Road, London SW1V 4LR, UK

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[www.opentext.com](http://www.opentext.com) ■ [info@opentext.com](mailto:info@opentext.com)

By:  
  
ANA ISABEL R. MORELOS  
HR Services Manager

By:

OPEN TEXT (PHILIPPINES), INC.

Yours truly,

This certification is being issued upon the request of Mr. De Los Santos for whatever legal purpose it may serve.

This is to certify that Mr. Eugene Sergio Castro De Los Santos was an employee of OPEN TEXT (PHILIPPINES), INC. (formerly known as GXS Philippines, Inc.). He worked with us from August 5, 2013 to December 15, 2014 and occupied the position of Associate Systems Integrator.

## CERTIFICATION

April 27, 2015

OPEN TEXT (PHILIPPINES), INC.  
36th Floor Tower 2 RCBC Plaza  
6819 Ayala Ave. cor Sen. Gil Puyat Ave. Makati City 1200 Philippines  
Tel.: +632-859-5300 Fax: +632-859-5302

OPEN TEXT (PHILIPPINES), INC.  
www.opentext.com ■ info@opentext.com

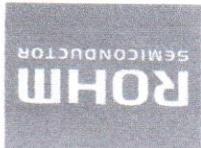
OPEN TEXT (PHILIPPINES), INC.  
www.opentext.com ■ info@opentext.com

This is to certify that Mr. Eugene Sergio C. Deilos Santos is currently employed by ROHM LSI DESIGN PHILIPPINES, INC. as Programmer of R & D Division. He has been with the Company since November 8, 2010 and receives a guaranteed remuneration of Php 312,000.00 per annum.

To whom it may concern,

January 8, 2013

## CERTIFICATION



NINIA A. MAINGAT  
HR & GA Head

**OFFICE OF THE UNIVERSITY REGISTRAR**  
Transcript of Records

<b>PERSONAL DATA</b>		<b>EDUCATIONAL DATA</b>	
Student Name (last, first, middle)	<b>DE LOS SANTOS, EUGENE, CASTRO</b>	Date of Birth	10 July 1987
ID Number	10515011	Gender	Male
Citizenship	Filipino		
Place of Birth	Manila, Philippines		
<b>LAST SCHOOL ATTENDED</b>			
Secondary School (2005) St Peter the Apostle School Manila, Philippines			
***NOTHING FOLLOWS***			
<b>Academic Year/ Term</b>		<b>Course Code</b>	<b>Course Title</b>
2005-2006, Term 1		KASPI11	BULAY, MGA SIMULAT AT NAGAWA NI DR. JOSE RIZAL
		ORIENT11	DYNAMICS OF SELF MANAGEMENT
		ENCALGE	ENGINEERING ALGEBRA
		GRAPONE	ENGINEERING GRAPHICS I
		CHEMONE	GENERAL CHEMISTRY 1 FOR COE AND CCS
		LBYCH111	GENERAL CHEMISTRY LABORATORY 1 FOR ENGINEERING
		PEINDIV	INDIVIDUAL/DUAL SPORTS
		FILIP11	KOMUNITASTON SA FILIPINOHITA
		NSTP-CI	NSTP PROGRAM - CIVIC WELFARE TRAINING SERVICE 1
		SALNSIK	SALNSIK
		TRIGSOL	TRIGO AND INTRO TO SOLID GEOMETRY
		PEDDANCE	DANCE
		ENGALGE	ENGINEERING ALGEBRA
		GRAPONE	ENGINEERING GRAPHICS I
		FILIP12	FILIPINO SA IBAT IBANG DISiplina
		KASPI12	KASAYSAYAN NG PILIPINAS
		NSTP-C2	NSTP PROGRAM - CIVIC WELFARE TRAINING SERVICE 2
		RELSONE	REVELATION
		TRIGSOL	TRIGO AND INTRO TO SOLID GEOMETRY
		ANSOGEO	ANALYTIC AND SOLID GEOMETRY
		ENGCALLI	DIFFERENTIAL CALCULUS
		CHENTWO	GENERAL CHEMISTRY 2 FOR COE AND CCS
		LBYCH13	GENERAL CHEMISTRY 2 FOR ENGINEERING
		POLLGOV	POLITICS AND GOVERNANCE
		ENGI ONE	READING, WRITING AND ORAL SKILLS
		PETFANS	TEAM SPORTS
		PHYENG1	ENGINEERING PHYSICS 1
		LBYPHY1	PHYSICS LABORATORY 1
		ENGCOMP	ENGINEERING COMPUTER PROGRAMMING
		PHYENG2	ENGINEERING PHYSICS 2

<b>Remarks : For Employment Purposes - Not Valid for School Transfer</b>	
This document is considered official only if without erasures/alterations and affixed with original signature in ink, the University seal, barcode and documentary stamp (at the back). A Transcript Guide is printed on the reverse.	I hereby certify that the foregoing entries are true and correct and that the official records substantiating the same are kept in the electronic and physical files of the school.
Page(s) : 1 of 3	
Date : 29 June 2010	
Ref. No. : OUR-TR-10-03-4781	
Barcode :	

EDWIN P. SANTIAGO  
Associate Vice Chancellor for Academic Services

  
EDWIN P. SANTIAGO  
Associate Vice Chancellor for Academic Services

**OFFICE OF THE UNIVERSITY REGISTRAR**  
Transcript of Records

Student Name : DE LOS SANTOS, EUGENE, CASTRO

卷之三

I hereby certify that the foregoing entries are true and correct and that the official records subsisting at the same are kept in the electronic and physical files of the school.

  
**EDWIN P. SANTIAGO**  
Associate Vice Chancellor for Academic Services  
and University Registrar

卷之三

**OFFICE OF THE UNIVERSITY REGISTRAR**  
Transcript of Records

Student Name : DE LOS SANTOS, EUGENE, CASTRO

**Remarks : For Employment Purposes - Not Valid for School Transfer**

This document is considered official only if without erasures/alterations and affixed with original signature in ink, the University seal, barcode and documentary stamp (at the back).  
I hereby certify that the foregoing entries are true and correct and that the official records substantiating the same are kept in the electronic and physical files of the school.

*Edwin P. Santiago*

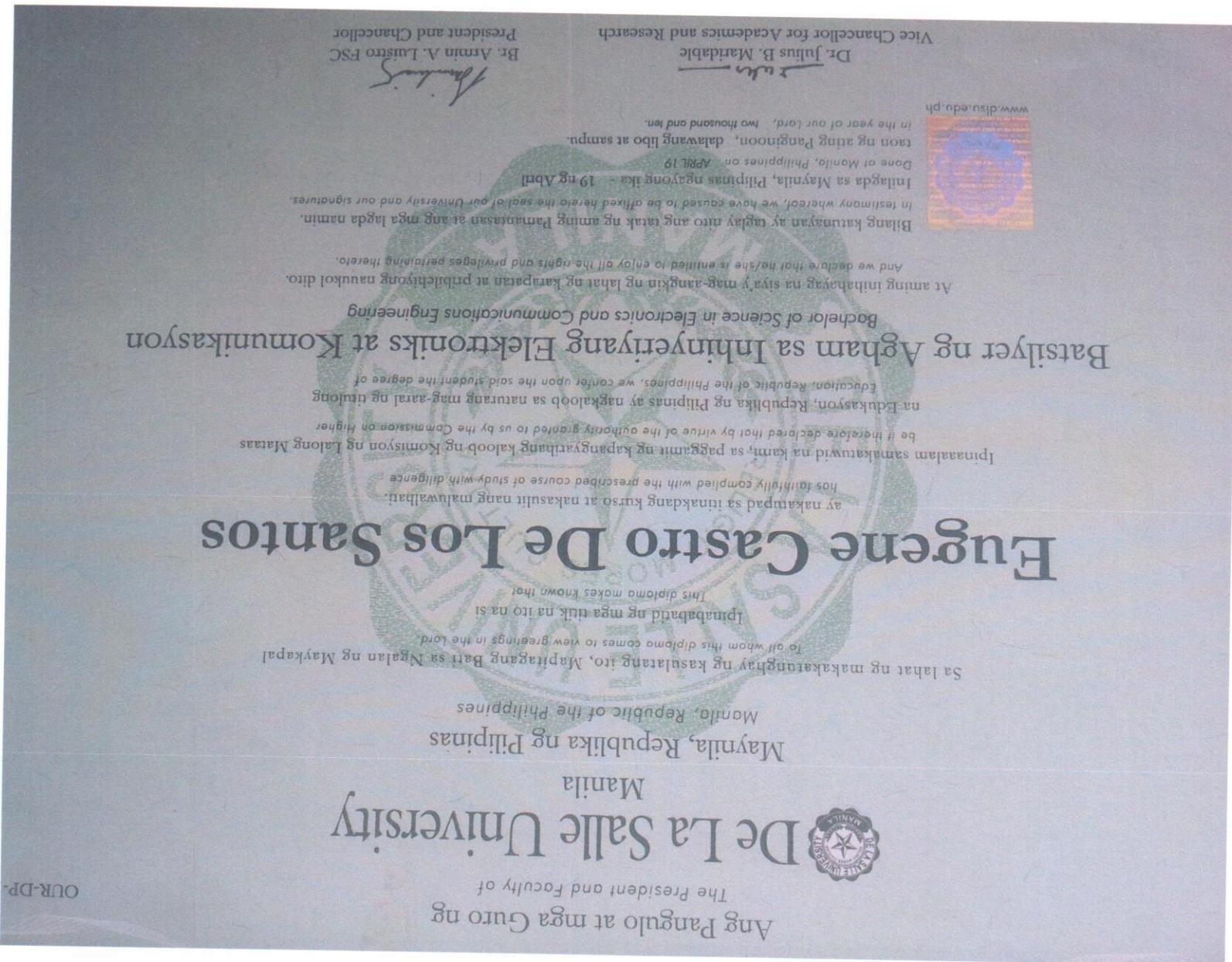
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**EDWIN P. SANTIAGO**  
Associate Vice Chancellor for Academic Services  
and University Registrar

A manuscript guide is printed on the reverse.

Page(s) : 3 of 3  
Page No. :  
Date : 29 June 2010  
Ref. No. : OUR-TR-16-03-4781  
Barcode :





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

Stamp Tax Paid  
Documentary

03900-A66Y90A-3

BREN



CERTIFICATE OF LIVE BIRTH		CITY OR BIRTHPLACE		PROVINCE:	
(Fill out completely, accurately, legibly in ink or typewriter)		(a) Civil Registry Number No. 201 (file)		2. Place of Birth: Manila	
2. Date of Registration of Mother (Where does mother live?)		(b) Civil Registry Number No. 201 (file)		3. Province:	
a. Province		b. City of Municipality		c. District	
a. Davao Oriental		b. Cagayan de Oro, Misamis Oriental		d. Is residence of birthplace on a farm?	
2. Davao Oriental		2. Cagayan de Oro, Misamis Oriental		d. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. Is town or municipality, was born		b. Is town or municipality, was born		e. Is residence of birthplace on a farm?	
a. Is town or municipality, was born		b. Is town or municipality, was born		f. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. Is town or municipality, was born		b. Is town or municipality, was born		g. Date of Birth: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/>	
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a. Is town or municipality, was born		b. Is town or municipality, was born		i. Year: 1966 <input type="checkbox"/> 1967 <input type="checkbox"/> 1968 <input type="checkbox"/> 1969 <input type="checkbox"/> 1970 <input type="checkbox"/> 1971 <input type="checkbox"/> 1972 <input type="checkbox"/> 1973 <input type="checkbox"/> 1974 <input type="checkbox"/> 1975 <input type="checkbox"/> 1976 <input type="checkbox"/> 1977 <input type="checkbox"/> 1978 <input type="checkbox"/> 1979 <input type="checkbox"/> 1980 <input type="checkbox"/> 1981 <input type="checkbox"/> 1982 <input type="checkbox"/> 1983 <input type="checkbox"/> 1984 <input type="checkbox"/> 1985 <input type="checkbox"/> 1986 <input type="checkbox"/> 1987 <input type="checkbox"/> 1988 <input type="checkbox"/> 1989 <input type="checkbox"/> 1990 <input type="checkbox"/> 1991 <input type="checkbox"/> 1992 <input type="checkbox"/> 1993 <input type="checkbox"/> 1994 <input type="checkbox"/> 1995 <input type="checkbox"/> 1996 <input type="checkbox"/> 1997 <input type="checkbox"/> 1998 <input type="checkbox"/> 1999 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