

INFORMATION GIVEN ADDED FROM SUPPLEMENTAL REPORT
CHILD'S FIRST NAME: "ERICKA MAE"

SID: 0821282486A18B0E851DC8451BE2A16490B3D0EC
06/03/2016 02:04:59 PM

(Copy for OCRG)

Municipal Form No. 80-C (Revised January 1998)
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, 6b and 15a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 98 6648
City/Municipality Cebu City

1. NAME (First) (Middle) (Last) CINCIFLORES
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year) 11 March 1998
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) VIGENTE ASTO MEMORIAL MED. 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

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last) QUENIE RAMON CINCIFLORES
7. CITIZENSHIP Filipino 8. RELIGION R. Catholic
9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0
10. OCCUPATION Student 11. Age at the time of this birth: 16 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sambon Cebu

41
9 8 1 6 6 4 2

42
1

43
2 1 1 0 3 9 2

44
2 2 1 7 8

45
1

13. NAME (First) (Middle) (Last) Unknown
14. CITIZENSHIP None 15. RELIGION None
16. OCCUPATION None 17. Age at the time of this birth: None years

46
0 1 2 7 2 2

47
1 7

48
0 1 0 1 0 0

49
2 3 0 1 6

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Applicable

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

50
7 2 4 0 0

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:55 PM o'clock am/pm on the date stated above.

Signature [Signature] Address VSMMC CEBU CITY
Name in Print DR. LUCORA LUYON
Title or Position Med. Officer III Date 11 March 1998

51
7 2 4 0 0

20. INFORMANT
Signature [Signature] Address Sambon Cebu
Name in Print QUENIE CINCIFLORES
Relationship to the child Mother Date 11 March 1998

52
7 2 4 0 0

53
7 2 4 0 0

21. PREPARED BY
Signature [Signature]
Name in Print GLORIA KALLE
Title or Position Treas
Date

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print LOUELLA N. DE JESUS
Title or Position REGISTRATION OFFICER III
Date 04/07/98

54
7 2 4 0 0

55
7 2 4 0 0

56
7 2 4 0 0

57
7 2 4 0 0

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BReN 02217-A98FB14-4

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



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MS. EDITHA R. ORCILLA
Chief, Document Management Division



Municipal Form No. 102 (Revised August 2010) (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. 2021 15570
City/Municipality CEBU CITY

CHILD

1. NAME (First) KHICAN (Middle) CINCOFLORES (Last) VALERIANO
2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 23 (Month) SEPTEMBER (Year) 2021
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
SAINO ANNEISON MOTHER and CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU
5a. TYPE OF BIRTH (Single, Twin, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N. A. 5c. BIRTH ORDER (Order of the birth in previous live births including fetal death) (First, Second, etc.) SECOND 6. WEIGHT AT BIRTH 3100 grams

MOTHER

7. MAIDEN NAME (First) ERICKA MAE (Middle) CINCOFLORES (Last) CINCOFLORES
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 2 10b. No. of children still living including this birth 0 10c. No. of children born alive but are now dead 0 11. OCCUPATION NONE 12. AGE at the time of this birth (completed years) 23
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
B. RODRIGUEZ EXT., SAMBAG II CEBU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) KEVIN (Middle) MANGYAO (Last) VALERIANO
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION DRIVER 18. AGE at the time of this birth (completed years) 26
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
B. RODRIGUEZ EXT., SAMBAG II CEBU CITY CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the track)

20a. DATE (Month) NOT MARRIED (Day) NOT MARRIED (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, etc.)
I hereby certify that I attended the birth of the child who was born alive at 09:30 AM on the date of birth specified above.

Signature DR. GLENDA L. DOLORICON Address SAMCH - BASAK SAN NICOLAS
Name in Print Medical Specialist II CEBU CITY, CEBU
Title or Position _____ Date SEPTEMBER 23, 2021

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature ERICKA MAE CINCOFLORES
Name in Print Mother
Relationship to the Child B. Rodriguez Ext., Sambag II, Cebu City, Cebu
Address September 23, 2021
Date _____

23. PREPARED BY
Signature RENE JANE A. BACTOL
Name in Print NURSE II
Title or Position September 23, 2021
Date _____

24. RECEIVED BY
Signature LUZ N. CUGAY
Name in Print Administrative Aide III
Title or Position OCT 11 2021
Date _____

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature PHILIPP A. MEGABON
Name in Print REGISTRATION OFFICER-IV
Title or Position OCT 11 2021
Date _____

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

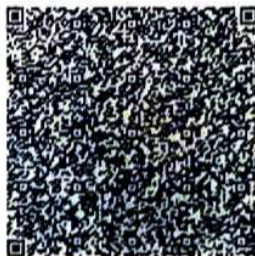
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CDSM

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





AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, Erica Mae Cinciflores and Kevin M. Valeriano
of legal age, am/are the natural mother and/or father of KHLIAN CINCOFLORES VALERIANO, who was
born on SEPTEMBER 23, 2021 at SAMCH-Basak San Nicolas, Cebu City, Cebu

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child.

KEVIN M. VALERIANO

(Signature Over Printed Name of Father)

ERICA MAE CINCOFLORES

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this SEP 24 2021 day of _____ by
Kevin M. Valeriano and Erica Mae Cinciflores who exhibited to me his/her

CTC/valid ID Driver's License No. G06-14-009735 issued on _____ at _____

DOC. NO.:
PAGE NO.:
BOOK NO.:
SERIES OF 20:

Signature of the Administering Officer

Name in Print



ATTY. MELANIO S. FERNANDEZ

NOTARY PUBLIC

Rm. 6 Gnd. Floor, Lyndon Bldg. 250 D. Jankarem St. C.C.

NOTARIAL COMMISSION NO. 11-08

UNTIL DECEMBER 2021

PTR NO. 694193 - 12/18/20 CEBU PROVINCE

NIP NO. AR42732529 - 12/18/20 CEBU PROVINCE

ATTORNEY REG. NO. 30442

MCLE COMPLIANCE NO. VI-0015-ESS, UNTIL April 24, 22

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

_____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

my birth in _____ on _____

the birth of _____ who was born in _____
on _____

2. That I/he/she was attended at birth by _____ who resides at _____

3. That I am/he/she is a citizen of _____

4. That my/his/her parents were married on _____ at _____

not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____

5. That the reason for the delay in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____

at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____

_____, Philippines, affiant who exhibited to me his/her CTC/valid ID

issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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CSM

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





Municipal Form No. 102 (Revised August 2018) (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. **2019 19386**
City/Municipality **CEBU CITY**

CHILD

1. NAME (First) **KHEN** (Middle) **CINCOFLORES** (Last) **VALERIANO**
2. SEX (Male / Female) **MALE** 3. DATE OF BIRTH (Day) **29** (Month) **JULY** (Year) **2019**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
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 (Order of the birth to previous live births including fetal death) (First, Second, Third, etc.) **3RD** 6. WEIGHT AT BIRTH **3,500** grams

MOTHER

7. MAIDEN NAME (First) **ERICKA MAE** (Middle) **CINCOFLORES** (Last) **CINCOFLORES**
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 **NONE** 12. AGE at the time of this birth (completed years) **21**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
B. RODRIGUEZ EXT., SAMBAG II CEBU CITY CEBU PHILIPPINES

FATHER

14. NAME (First) **KEVIN** (Middle) **MANGYAO** (Last) **VALERIANO**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **24**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
2- G ARCHBISHOP REYES AVE. CEBU 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, etc.)
I hereby certify that I attended the birth of the child who was born alive at **8:36 AM** on the date of birth specified above

Signature **MHEA R. LASOLA, M.D.** Address **VSMMC, CEBU CITY**
Name in Print **MEDICAL OFFICER III** Date **JULY 29, 2019**
Title or Position _____

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 **ERICKA MAE CINCOFLORES**
Relationship to the Child **MOTHER**
Address **CEBU CITY, CEBU**
Date **JULY 29, 2019**

23. PREPARED BY
Signature _____
Name in Print **SHERRYL R. BELLANOSA**
Title or Position **CLERK**
Date **JULY 29, 2019**

24. RECEIVED BY
Signature _____
Name in Print **LUZ N. CUGAY**
Title or Position **ADMINISTRATIVE AIDE III**
Date **AUG 05 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **HENRY P. TOMALABCAD**
Title or Position **ASST. CITY CIVIL REGISTRAR**
Date **AUG 05 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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[Handwritten signature]

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





AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, **KEVIN M. VALERIANO** and **KHEN C. VALERIANO**
of legal age, am/are the natural mother and/or father of _____ who was
born on **JULY 29, 2019** at **VICENTE SOTTO MEMORIAL MEDICAL CENTER**

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our _____
KEVIN M. VALERIANO

(Signature Over Printed Name of Father) **30 JUL 2019**
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____ by
_____ and _____ who exhibited to me his/her
CTC/valid ID **DRIVER'S LIC NO. G06-14-009731** issued on _____ at _____

JOC. NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF NO. _____



ATTY. MELANIO G. FERNANDEZ
NOTARY PUBLIC
Rm #6 Ground Floor, Leyson Bldg. 26-D, Jalkosalem St. Cebu City
NOTARIAL COMMISSION NO. 11-08
COMMISSION UNTIL DECEMBER 31, 2019
PTR NO. 231183-12/10/2018 CEBU PROVINCE
IBP NO. 46486920-12/07/2018 CEBU PROVINCE
ATTORNEY ROLL NO. 30442

Name in Print

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

_____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
 - my birth in _____ on _____
 - the birth of _____ who was born in _____
_____ on _____
- That I/he/she was attended at birth by _____ who resides at _____
- That I am/he/she is a citizen of _____
- That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____
- That the reason for the delay in registering my/his/her birth was _____
- (For the applicant only) That I am married to _____
(If the applicant is other than the document owner) That I am the _____ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
_____, Philippines, affiant who exhibited to me his/her CTC/valid ID
_____ issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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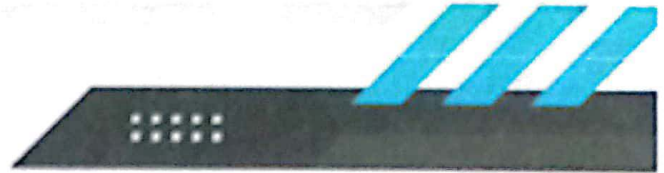
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CDSM

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





Certificate of Employment

This is to certify that **Ericka Mae Cincoflores** was employed as a Sales Executive at WEB2, Inc., a web development company. She has been with the company from August 30, 2023 up to December 30, 2023.

This certification is issued to Ms. Cincoflores for employment purposes only.

Issued this 02nd of February, 2024 at WEB2.PH., Suite 204 Kepwealth Center, Samar Loop cor., Cardinal Rosales Ave., Cebu Business Park, Cebu City.



Frechzel A. Desamparado
Human Resources Supervisor

For verification purposes:

Frechzel A. Desamparado
Human Resources Supervisor
(032) 231-2305
frechzeld@proweaver.net





Republic of the Philippines
 DEPARTMENT OF EDUCATION
 Region VII, Central Visayas
 Division of Cebu City



Abellana National School

Osmeña Boulevard, Cebu City

This Certifies that

ERICKA MAE CINCOFLORES

*has satisfactorily completed the requirements for graduation from the
 Basic Education Curriculum prescribed for secondary schools of
 the Republic of the Philippines, and is therefore entitled to this*

DIPLOMATA

Dated on the 27th day of March 2015 Cebu City, Philippines

Se
 SEVERINA B. CHIN, Ed. D.
 Principal IV

R
 RHEA MARA A. ANGTUD, Ed. D.
 Schools Division Superintendent





22 Umber Café & Co



1Nito Tower



HOME



N Escario St

Ayala Terraces

Quest Hotel and Conference Center - Cebu

Ayala Center
As busy as

Molave St

8 min

9 min

WORK

One Montage
Recently viewed

Acacia St

