

Documentary Stamp Tax Paid

BRnN
002234-A99B901-9



(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province: Manila Registry No.: 99-200
City/Municipality: Manila

1. NAME: (First) Riczellyn (Middle) G (Last) Genio
2. SEX: Female 3. DATE OF BIRTH: (day) 01 (month) 09 (year) 1999
4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
San Juan Manila Manila
5a. TYPE OF BIRTH: 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS:
1 First 2 Second 3 Other, Specify _____
6. BIRTH ORDER (live births and fetal deaths including this delivery) 1 d. WEIGHT AT BIRTH: 2.50 grams
7. MAIDEN NAME: (First) _____ (Middle) _____ (Last) _____
8. RELIGION: Roman Catholic
9. CITIZENSHIP: Philippine 10. OCCUPATION: _____
11. Age at the time of this birth: _____ years
12. RESIDENCE: (House No., Street, Barangay) (City/Municipality) (Province)
_____ Manila Manila
13. NAME: (First) _____ (Middle) _____ (Last) _____
14. CITIZENSHIP: Philippine 15. RELIGION: Roman Catholic
16. OCCUPATION: _____ 17. Age at the time of this birth: _____ years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
19a. ATTENDANT: Physician Nurse Midwife Other (Specify)
19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at _____ o'clock _____ am/pm on the date stated above.
Signature: _____ Address: One San Juan, Manila
Name in Print: _____ Date: September 25, 2023
Title or Position: _____
20. INFORMANT: _____ Address: _____
Signature: _____ Name in Print: _____
Relationship to the child: _____ Date: _____
21. PREPARED BY: _____
Signature: _____ Name in Print: _____
Title or Position: _____ Date: _____
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: _____
Signature: _____ Name in Print: _____
Title or Position: _____ Date: _____

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. Z30925-400-12-SBB-00003
GENIO,
EVELYN G.

7 5 SEP 2023 AMOUNT

Tran No. 08668-400-00236-001
RICZELLYN G GENIO 01/09/1999
COPY ISSUANCE - BIRTH CERTIFICATE

Unit Cost : 155.00	Qty : 2	310.00
TOTAL		310.00
AMOUNT TENDERED		310.00
CHANGE		0.00

CASH

INCLUDES DOCUMENTARY STAMP TAX
OF PHP 30.00/COPY

Collecting Officer: Loma R. Chan

Terminal Code: 12

Date-Time: 09/25/2023 08:20:56 AM

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