



Form No. 103
(Revised) January 1993

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, 6a and 19a.

REMARKS/NOTES

Province Cebu Registry No. 44-7502
City/Municipality Cebu City

1. NAME (First Middle Last)
Genieve Andriano Ricamora

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
8 April 1994

For COGS USE ONLY
Population Reference No. 93

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ City/Municipality Province)
Vicente Sotto Memorial Medical Center Cebu City Cebu

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

5a. TYPE OF BIRTH X 1 Single 2 Twin
3 Triplet, etc.

5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify

6. BIRTH ORDER (Five babies and first deaths including this delivery) (First, second, third, etc.) 2nd

6. WEIGHT AT BIRTH 2920 grams

01 02 03 04 05 06

7. MAIDEN NAME (First Middle Last)
Estrella Concepcion Andriano

07 08 09 10 11 12

8. CITIZENSHIP Filipino 9. RELIGION Roman Catholic

13 14 15 16 17 18

10. OCCUPATION Housewife 11. Age at the time of birth: 20 years

19 20 21 22 23 24

12. RESIDENCE (House No., Street, Barangay) City/Municipality Province
257 D. Jaconales St. Cebu City Cebu

25 26 27 28 29 30

13. NAME (First Middle Last)
Vicente Concepcion Ricamora

31 32 33 34 35 36

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

37 38 39 40 41 42

16. OCCUPATION Factory worker 17. Age at the time of this birth: 22 years

43 44 45 46 47 48

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, description of date of Acknowledgment/Admission of Paternity attached)
December 10, 1991 San Nicolas Church Cebu City

49 50 51 52 53 54

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

55 56 57 58 59 60

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:59 P.M. on the date stated above.

61 62 63 64 65 66

Signature [Signature] Address YSAAC Cebu City
Name in Print Dr. Florentino Manginsay
Title or Position Resident Physician Date April 8, 1994

67 68 69 70 71 72

20. INFORMANT
Signature [Signature] Address 257 D. Jaconales St. Cebu City
Name in Print Estrella Concepcion
Relationship to the Child Mother Date April 8, 1994

73 74 75 76 77 78

21. PREPARED BY
Signature [Signature]
Name in Print Arbenino Dalibang
Title or Position CLERK
Date April 8, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print CLERK
Title or Position CLERK
Date April 7, 1994

79 80 81 82 83 84

2150

01091
03116
08194

06522-6E-400JPP-00137-B1001

BEST POSSIBLE IMAGE



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BReN
02217-A94H80C-B

Documentary
Stamp Tax Paid

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

