



(Copy for OCRG)

Multiple Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or nippers.  
Place X before the appropriate answer in Items 2, 5c, 12b and 15a.)

REMARKS/ANNOTATION  
**DELAYED REGISTRATION**

Province Cebu Registry No. 2004 31785  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
APRYLE ANAN AMACANIN

2. SEX 1 Male X Female 3. DATE OF BIRTH (Day) (Month) (Year)  
05 APRIL 1994

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) Lower Talibuban, Cebu City

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify

c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 1st d. WEIGHT AT BIRTH (Pounds) (Grams)  
7.22

6. MAIDEN NAME (First) (Middle) (Last)  
MARITES ANAN AMACANIN

7. CITIZENSHIP Filipino RELIGION Catholic

9a. Total number of children born alive: 1 b. No. of children being included this birth: 1 c. No. of children born alive but not included: 0

10. OCCUPATION Housewife

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Consolacion, Davao

13. NAME (First) (Middle) (Last)  
RICARDO ANAN AMACANIN

14. CITIZENSHIP Filipino RELIGION Catholic

16. OCCUPATION Security Guard

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not known, acknowledge at the back)  
NOT KNOWN

19a. ATTENDANT (Physician) (Nurse) (Midwife) (Traditional Healer) (Other) (Specify)  
Physician

19b. CERTIFICATION OF BIRTH (If day, month and year of the birth of the child who was born alive at 9:30 A.M. of the date stated above.)  
Consolacion, Davao

Signature Decedent Title or Position (None) Date 1 1

20. INFORMANT (Name in Print) MARITES AMACANIN Address Consolacion, Davao  
Relationship to child Mother Date 7 8 9 2 4

21. PREPARED BY (Name in Print) MARITES AMACANIN Address Consolacion, Davao  
Signature MARITES AMACANIN Title or Position Registrar General Date 1 1

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Name in Print) CLARE DENNIS S. MAPA Address Consolacion, Davao  
Signature CLARE DENNIS S. MAPA Title or Position Registrar General Date 1 1

05 04 1994

01 02 00

01 07 22

01 01 00

2 20 21

22 27 8

2 25 04 992

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1 1

01 01 00

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1 1

DATE APPROVED **OCT 18 2004**

07587-23-400EML-00310-BI001

BEST POSSIBLE IMAGE



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BReN  
02217-A92HR0V-2

Documentary  
Stamp Tax Paid

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

