



PROVINCE Quezon 92-611

CITY/MUNICIPALITY Talavera 1925001-A

1. NAME Joseph IV

2. SEX (Place 'X' on appropriate) Male IV  
DATE OF BIRTH (Day) (Month) (Year)  
15 September 1993

4. PLACE OF BIRTH (Name of Municipality) (City/Municipality) (Province)  
Talavera Quezon Quezon

5a. TYPE OF BIRTH (Place 'X' on appropriate) X 1 Male  
5b. IF MULTIPLE BIRTH CHILD WAS  
1 First 2 Second 3 Third, 4th, etc.

6. MOTHER (First) (Middle) (Last) Teresa Quins Patillan  
7. NATIONALITY Filipino  
8. RELIGION Roman Catholic

9. NAME (First) (Middle) (Last) Joseph Quins Patillan  
10. NATIONALITY Filipino  
11. RELIGION Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Date, time, and place of acknowledgment at the back)  
September 27, 1993

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born above at 11:00 a.m. on the date stated above.

Signature [Signature] Address Talavera District Hospital  
Name in print RITA M. GARCIA Talavera, Quezon  
Title or position Chief of Hospital September 27, 1993

14. INFORMANT  
Signature [Signature] Address Sabana Street, Talavera City  
Name in print JOYCE September 27, 1993  
Relationship to child Sister

15. PREPARED BY  
Signature [Signature] RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Name in print JOYCE [Signature]  
Title or position Medical Records Clerk Local Civil Registrar  
Date September 27, 1993 9/27/93

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORTS  
17. DATE WHEN INFORMATION WAS SUPPLIED 0580

Information furnished under this report is for use only for the purpose of registration. The data herein