

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

171

(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. * 1-1127

Place of Birth HAYDEN County GILA No. _____ St. _____
(Registration District)

| | | | |
|---------------|------------------------------|-----|---------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
| <u>MALE</u> | | | |

DATE OF BIRTH* JAN 2 1927
(Month) (Day) (Year)

FULL NAME FATHER Santiago Rios

FULL NAME MOTHER Angelita Duarte

I HEREBY CERTIFY that the child described herein has been named

MANUEL QUARTE RIOS
(Given name in full) (Surname)

Angelita Duarte
(Father's or Mother's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to state registrar. **PLEASE WRITE PLAIN AND IN INK.**

492-102-145