

HEALTH BOARD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

183

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth Miami

County Gila

No.

St.

SEX OF CHILD*	Twin	}	and	}	Number in order of birth
Female	Triplet or other?				

I HEREBY CERTIFY that the child described herein has been named

Cleotilde Alameda

(Give name in full)

(Surname)

DATE OF BIRTH\* January 21, 1927  
(Month) (Day) (Year)

FULL NAME FATHER  
George M. Alameda

*George M. Alameda*  
(Parent's Signature)

(Signature of Physician or Midwife)

FULL MAIDEN NAME MOTHER  
Anita Olivares

\*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.

5M 7/11/40

311-121-1162

RECEIVED FOR BINDING

10 1927  
File