

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. \* 20

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

Place of Birth (Registration District)

HAYDEN

County

CILIA No.

St.

SEX OF CHILD \*

MALE

Twin { and } Number \*  
Triplet { } in order  
or other? of birth

DATE OF BIRTH \*

FEB 17 1927  
(Month) (Day) (Year)

FULL MAIDEN NAME

MARIA

FATHER

Francisco GUZMAN

MOTHER

MARIA FRANCO

I HEREBY CERTIFY that the child described herein has been named

PENRO FRANCO GUZMAN  
(Given name in full) (Surname)

Francisco Guzman  
(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 submit supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

775-217-466

APR 12 1927  
File