MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth (Registration District) Globe County Gila No. ..... St.

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

DATE OF BIRTH* April 4 1927 (Month) (Day) (Year)

FULL* NAME — FATHER: Federico Duarte

FULL* MAIDEN NAME — MOTHER: Aurelia Rosalez

I HEREBY CERTIFY that the child described herein has been named

RUBEN DUARTE

(Give name in full) (Surname)

Asuncion Duarte

(Parent'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.

® 10M 1-45

945-406-199