ARIZONA STATE BOARD OF HEALTH Vol. 6-27 # 152

BUREAU 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) Winkelman County Gila No. ..... St.

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

DATE OF BIRTH* June 14th 1927 (Month) (Day) (Year)

FULL* NAME — FATHER: Bruno Verdugo

FULL* MAIDEN NAME — MOTHER: Lupe Grijalva

I HEREBY CERTIFY that the child described herein has been named

Eba Verdugo (Give name in full) (Surname)

Bruno Verdugo (Parent's Signature) in ink

Charles H. Huestis M.D. (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 county registrar. County registrars must mail with original certificate on tenth day of following month.

9-21-27 556-614-371

Supplementary report must be returned within 15 days

RECEIVED
JUL 13 1927
Abs. File

4/4/74 (1) Bod Ch
12-21-77 (X) 888
4-21-78 (X) 4733
8-1-78 (1) 1416