

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

165 A

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

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Miami
(Registration District)

County Gila

No. _____

St. _____

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

I HEREBY CERTIFY that the child described herein has been named

ROBERTO GRIJALVA GUTIERREZ

(Give name in full)

(Surname)

Francisca Valencia

(Parent's Signature)

(Signature of Physician or Midwife)

DATE OF BIRTH* June 16 1927
(Month) (Day) (Year)

FULL NAME FATHER Santiago Gutierrez

FULL MAIDEN NAME MOTHER Francisca Valencia

*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 10-1-43-S.P.Co.

979-616-651

File

Ans.