MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 177

Place of Birth Globe (Registration District) County Gila No 131 Ring Canyon St.

SEX OF CHILD*	Twin Triplet or other?		and	Number in order of birth
Male		1		

DATE OF BIRTH* June (Month) 25 (Day) 1927 (Year)

FULL NAME FATHER Conrado Navarro Salido

FULL* MAIDEN NAME MOTHER Patricia Lara Salido

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

Guillermo Lara Salido
(Give name in full) (Surname)

Conrado N. Salido
(Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

726-625-731

File