ARIZONA STATE DEPARTMENT OF HEALTH

176

(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.* 1.9.6

Place of Birth Miami (Registration District) County Gila No. Dam's Canyon

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

Jesus Gutierrez (First name in full) (Surname)

DATE OF BIRTH* July (Month) 26 (Day) 1929 (Year)

Maria M. Gutierrez (Parent's Signature)

FULL NAME FATHER Jesus G. Gutierrez

FULL* MAIDEN NAME MOTHER Maria Montes

(Signature of Physician or Midwife)

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

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

10M—8-42—Bower Co.

179-726-442

File